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| Fill in this information to identify your case: |   |                                      |
|---|---|--------------------------------------|
| United States Bankruptcy Court for the :        |   |                                      |
| NORTHERN District ofILLINOIS(State)             |   |                                      |
| Case Number (If known):                         | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

## Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1:          | Identify Yourself  |                            |   |
|------------------|--|----------------------------|---|
|                  |  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your          | full name  |                            |   |
| gover<br>identif | the name that is on your<br>nment-issued picture<br>īcation (for example,<br>Iriver's license or | Carolyn First name Denise  | First name                                    |
| passp            |  | Middle name                | Middle name                                   |
| identif          | your picture<br>ication to your meeting<br>ne trustee.   | Walker Last name           | Last name                                     |
| wiara            | ic trustee.  | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All ot        | ther names you   |                            |   |
| have<br>years    | used in the last 8   | First name                 | First name                                    |
|                  | e your married or names.   | Middle name                | Middle name                                   |
|                  |  | Last name                  | Last name                                     |
|                  |  | First name                 | First name                                    |
|                  |  | Middle name                | Middle name                                   |
|                  |  | Last name                  | Last name                                     |
| your             | the last 4 digits of<br>Social Security  | xxx - xx - <u>8541</u>     | XXX - XX                                      |
| Indivi           | nber or federal<br>vidual Taxpayer<br>ntification number   | OR                         | OR  |
| identi           | nouncil number   | <b>9</b> xx - xx           | 9xx - xx                                      |

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Document Walker Carolyn Denise Debtor 1 Case Number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|----|---|---|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | Business name  Business name  EIN  EIN  | Business name  Business name  EIN  EIN  |  |  |
| 5. | Where you live  | 156 Balmoral Dr  Number Street  Bolingbrook IL 60440  City State ZIP Code   | If Debtor 2 lives at a different address:  Number Street  City State ZIP Code   |  |  |
|    |   | WILL County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street         | If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices this mailing address.   |  |  |
|    |   | P.O. Box  City State ZIP Code   | P.O. Box  City State ZIP Code   |  |  |
| 6. | Why you are choosing this district to file for bankruptcy.  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408 | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408 |  |  |

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Case Number (if known)

Last Name Part 2: **Tell the Court About Your Bankruptcy Case** Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals The chapter of the Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file ☐ Chapter 7 under ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No bankruptcy within the <sub>District</sub> None last 8 years? \_\_\_\_\_ When \_\_\_ ☐ Yes. Case Number MM / DD / YYYY District None \_\_ When \_\_\_ \_\_\_ Case Number \_\_\_ MM / DD / YYYY \_\_\_\_\_ When \_\_\_ \_\_\_\_\_ Case Number \_\_\_ MM / DD / YYYY No 10. Are any bankruptcy cases pending or being filed by a spouse who is Yes. not filing this case with \_\_\_\_\_ When \_\_\_\_ Case Number, if known \_\_\_\_\_ you, or by a business MM / DD / YYYY parter, or by affiliate? Relationship to you \_ When Case Number, if known \_\_\_\_\_ District MM / DD / YYYY 11. Do you rent your No. Go to line 12 residence? Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

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Case Number (if known)

| bus   | you a sole proprietor iny full- or part-time siness?   | ■ No.<br>□ Yes. | Go to Part 4.  Name and location of b  | ousiness            |                    |       |          |
|---|--|-----------------|--|---------------------|--------------------|-------|----------|
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnerhsip, or LLC.  If you have more than one sole proprietorship, use a separate sheed and attach it to this petition. |  |                 | Name of business, if any   |                     |                    |       |          |
|   |  |                 | Number Street  | nber Street         |                    |       |          |
|   |  |                 | City   |                     |                    | State | Zip Code |
|   |  |                 | Check the appropriate  | -                   |                    |       |          |
|   |  |                 | ☐ Health Care Busi☐ Single Asset Rea   | ,                   | •                  |       |          |
|   |  |                 | ☐ Stockbroker (as o  | •                   | _                  | . "   |          |
|   |  |                 | ☐ Commodity Broke  | er (as defined in 1 | 1 U.S.C. § 101(6)) |       |          |
|   |  |                 | ☐ None of the abov   | 'e                  |                    |       |          |
| busi  | a definition of small iness debtor, see J.S.C. § 101(51D).   | _               | am filing under Chapter<br>the Bankruptcy Code.<br>I am filing under Chapter<br>Bankruptcy Code. |                     |                    | -     |          |
| Part 4:   | Report if You Own or Hav   | /e Any Hazard   | ous Property or Any Prop   | erty That Needs In  | nmediate Attention |       |          |
|   | you own or have any  | No.             |  |                     |                    |       |          |
| pro   | perty that poses or is   |                 |  |                     |                    |       |          |
| alle<br>of i  | ged to pose a threat<br>mminent and  | Yes.            | What is the hazard?  |                     |                    |       |          |
| alle<br>of in<br>inde   | mminent and<br>entifiable hazard to<br>blic health or safety?  | Yes.            | What is the hazard?  |                     |                    |       |          |
| alle of in inde pub Or e pro imn For peri   | mminent and entifiable hazard to blic health or safety? do you own any perty that needs nediate attention? example, do you own shable goods, or livestock                            | _               | What is the hazard?  | needed, why is it   | needed?            |       |          |
| alle of ii inde pub Or e pro imn For peri that  | mminent and entifiable hazard to blic health or safety? do you own any perty that needs nediate attention? example, do you own   | _               |  | needed, why is it   | needed?            |       |          |
| alle of in inde pub Or e pro imn For peri that  | mminent and entifiable hazard to blic health or safety? do you own any perty that needs nediate attention? example, do you own shable goods, or livestock must be fed, or a building |                 |  |                     | needed?            |       |          |
| alle of in inde pub Or e pro imn For peri that  | mminent and entifiable hazard to blic health or safety? do you own any perty that needs nediate attention? example, do you own shable goods, or livestock must be fed, or a building |                 | If immediate attention is  |                     |                    |       |          |

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Debtor 1

Carolyn Denise Document Walker

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Part 5:

**Explain Your Efforts** 

Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

> If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|---|---|
| You must check one:   | You must check one:   |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  |
| Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.  |
| I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   | ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.   |
| Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.   |
| To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.  |
| Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you f You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.  Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. |
| I am not required to receive a briefing about credit counseling because of:   | ☐I am not required to receive a briefing about credit counseling because of:  |
| Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |
| Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.  |
| Active duty. I am currently on active military duty in a military combat zone.  | Active duty. I am currently on active military duty in a military combat zone.  |
| If you believe you are not required to receive a  | If you believe you are not required to receive a  |

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

briefing about credit counseling, you must file a

motion for waiver of credit counseling with the court.

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Carolyn Debtor 1

Denise

Document Walker

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| Debtor | 1                               | Carolyn   | Denise   | Walker   | Case Nu  | mber (if known)   |                         |
|--------|---------------------------------|---|--|--|--|---|-------------------------|
|        |                                 | First Name  | Middle Name  | Last Name  |  | , ,   |                         |
|        |                                 |   |  |  |  |   |                         |
| Part   | 6:                              | Answer These Question   | s for Reporting Purposes   | 5  |  |   |                         |
| 16.    |                                 | at kind of debts do<br>have?  | as "incurred be No. Go to Yes. Go to Manager the Manag | y an individual primarily fo<br>bline 16b.<br>to line 17.<br>bts primarily business<br>business or investment or the | r a personal, family, or hous  | e debts that you incurred to obtain   |                         |
|        |                                 |   | □No. Go to □Yes. Go to   | to line 17.  | not consumer debts or bus  | iness debts.  |                         |
| 17.    |                                 | you filing under pter 7?  | _  | filing under Chapter 7. G  |  |   |                         |
|        | any<br>exc<br>adn<br>are<br>ava | you estimate that after exempt property is luded and ninistrative expenses paid that funds will be ilable for distribution insecured creditors? |  | trative expenses are paid t  | •  | empt property is excluded and or distribute to unsecured creditors?   |                         |
| 18.    |                                 | v many creditors do<br>estimate that you<br>e?  | ■ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  |  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000  |                         |
| 19.    | esti                            | v much do you<br>mate your assets to<br>worth?  | \$0-\$50,000<br>\$50,001-\$100<br>\$100,001-\$50<br>\$500,001-\$1  | 0,000  | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million | □\$500,000,001-\$1 bi □\$1,000,000,001-\$1 □\$10,000,000,001-\$ □More than \$50 billio                        | 0 billion<br>50 billion |
| 20.    |                                 | v much do you<br>mate your liabilities<br>e?  | □ \$0-\$50,000<br>□ \$50,001-\$100<br>■ \$100,001-\$50<br>□ \$500,001-\$1  | 0,000  | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million | ☐\$500,000,001-\$1 bi ☐\$1,000,000,001-\$1 ☐\$10,000,000,001-\$ ☐More than \$50 billio                        | 0 billion<br>50 billion |
| Par    | 7:                              | Sign Below  |  |  |  |   |                         |
| Fory   | /ou                             |   | correct.  If I have chosen to  | file under Chapter 7, I am a   | aware that I may proceed, it   | he information provided is true and eligible, under Chapter 7, 11,12, or 1th chapter, and I choose to proceed | 3                       |
|        |                                 |   | under Chapter 7.  If no attorney reprethis document, I had   | sents me and I did not pay ve obtained and read the recordance with the chapter                                      | or agree to pay someone votice required by 11 U.S.C. of title 11, United States Co                                 | who is not an attorney to help me fill on § 342(b).  Onde, specified in this petition.                        |                         |
|        |                                 |   | with a bankruptcy c<br>18 U.S.C. §§ 152, 1   | -  |  | money or property by fraud in connec<br>nt for up to 20 years, or both.                                       | tion                    |
|        |                                 |   | Signature of D   |  |  | Signature of Debtor 2   |                         |
|        |                                 |   | Executed on _  | 02/12/2018<br>MM / DD / YYYY   |  | Executed onMM / DD / YYYY   |                         |

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| Debtor 1 | Carolyn    | Denise      | Walker    | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |
|          |            |             |           |                        |

For your attorney, if you are represented by one

if you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| Date     | Date: 02/12/2018  MM / DD / YYYY |   |
|----------|----------------------------------|---|
| Butto    |                                  |   |
|          |                                  |   |
|          |                                  |   |
|          |                                  |   |
|          |                                  |   |
|          |                                  |   |
|          |                                  |   |
|          |                                  |   |
| IL       | 60603                            |   |
| State    | ZIP Code                         |   |
| Email ad | <sub>dress</sub> ndil@geracil    | aw.com  |
| IL       |                                  |   |
| State    |                                  |   |
|          | State<br>Email ad                | IL 60603 State ZIP Code Email addressndil@geracil |

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| Debtor 1         Carolyn         Denise         Walke           First Name         Middle Name         Last Name |    |
|--|----|
| First Name Middle Name Last Name   | er |
|  | е  |
| Debtor 2   |    |
| (Spouse, if filing) First Name Middle Name Last Name   | е  |
| United States Bankruptcy Court for the : <u>NORTHERN</u> District of <u>ILLINOIS</u> (State)                     |    |
| Case Number (If known)   |    |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

#### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Summarize Your Assets  |  |
|--|--|
|  | <b>Your assets</b> Value of what you own |
| Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$ 186,000                               |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>  | \$ 8,251                                 |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$ 194,251                               |
|  |  |
| Summarize Your Liabilities   |  |
|  |  |
|  | Your liabilities Amount you owe          |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | Amount you owe                           |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | Amount you owe                           |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | Amount you owe \$183,167                 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$183,167<br>\$2,779                     |
| 2a. Copy the total you listed in Column A, <i>Amount of claim,</i> at the bottom of the last page of Part 1 of <i>Schedule D</i>   | \$183,167<br>\$2,779                     |
| 2a. Copy the total you listed in Column A, <i>Amount of claim,</i> at the bottom of the last page of Part 1 of <i>Schedule D</i>   | \$183,167<br>\$2,779                     |

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Document Walker Carolyn Denise Case Number (if known) \_ Debtor 1 First Name Middle Name Last Name

| Part 4:  | Answer These Questions for Administrative and Statistical Records  |             |  |  |  |  |
|--|--|-------------|--|--|--|--|
| Are you filing for bankruptcy under Chapter 7, 11 or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  Yes  |  |             |  |  |  |  |
| 7. What kind of debt do you have?  Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. |  |             |  |  |  |  |
|  | 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.  \$ 5,492.50 |             |  |  |  |  |
|  | e following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :  art 4 of Schedule E/F, copy the following:  | Total claim |  |  |  |  |
|  | estic support obligations (Copy line 6a.)  | \$_0.00     |  |  |  |  |
| 9b. Taxe   | s and certain other debts you owe the government. (Copy line 6b.)  | \$_2,779.00 |  |  |  |  |
| 9c. Clain  | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$_0.00  |             |  |  |  |  |
| 9d. Stude  | 9d. Student loans. (Copy line 6f.) \$_0.00   |             |  |  |  |  |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)   |  |             |  |  |  |  |
| 9f. Debt   | s to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | \$_0.00     |  |  |  |  |
| 9g. <b>Tota</b> l  | I. Add lines 9a through 9f.  | \$_2,779.00 |  |  |  |  |

| III III UII5 II                           |  | y your case and this filin    |  | 2/12/18 17:08:51 Desc Main<br>67  |
|---|--|-------------------------------|--|---|
| Debtor 1                                  | Carolyn  | Denise                        | Walker   |   |
|   | First Name   | Middle Name                   | Last Name  |   |
| Debtor 2                                  |  |                               |  |   |
| Spouse, if filing)                        | First Name   | Middle Name                   | Last Name  |   |
| Jnited States                             | Bankruptcy Court for th                            | ne : <u>NORTHERN</u> District | t of <u>ILLINOIS</u><br>(State)  | _   |
| Case Numbe                                | r  |                               | (State)  | Check if this is an   |
| (If known)                                |  |                               |  | amended filing  |
| ficial F                                  | orm 106A/B   | 3                             |  |   |
|   | e A/B: Prop  |                               |  | 12/1:   |
| art 1:                                    |  | ,g,, c. c.                    |  |   |
| No. Yes.                                  | wn or have any legal  Describe                     | or equitable interest in a    | any residence, building, land, or similar prope  What is the property? Check all that apply.   |   |
| No. Yes.                                  | Describe   |                               | what is the property? Check all that apply.  Single-family home  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:  Creditors Who Have Claims Secured by Property  |
| No. Yes.                                  | Describe   |                               | what is the property? Check all that apply.  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D</i> :   |
| No. Yes.                                  | Describe  noral Drive ress, if available, or other |                               | what is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:  Creditors Who Have Claims Secured by Property  Current value of the entire property?  Current value of the portion you own?  |
| No. Yes.  156 Balm Street addr            | Describe  noral Drive ress, if available, or other | r description                 | what is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the entire property?  Current value of the portion you own?   |
| No. Yes.  156 Balm Street addr            | Describe  noral Drive ress, if available, or other | or description                | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> Current value of the entire property?  Current value of the portion you own?  \$ 186,000.00 \$ 186,000.00  |
| No. Yes.  156 Balm Street addr            | Describe  noral Drive ress, if available, or other | or description                | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the entire property?  Current value of the portion you own?   |
| No. Yes.  156 Balm Street addr  Bolingbro | Describe  noral Drive ress, if available, or other | or description                | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> Current value of the Current value of the entire property? portion you own?  \$ 186,000.00 \$ 186,000.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estat). If known. |
| No. Yes.  156 Balm Street addr  Bolingbro | Describe  noral Drive ress, if available, or other | or description                | what is the property? Check all that apply.  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Investment property  Timeshare  Other  Who has an interest in the property? Check   | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the Current value of the entire property? portion you own?  \$ 186,000.00 \$ 186,000.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estat). If known.       |
| No. Yes.  156 Balm Street addr  Bolingbro | Describe  noral Drive ress, if available, or other | or description                | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check of the cooperative of the c | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the Current value of the entire property? portion you own?  \$ 186,000.00 \$ 186,000.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estat). If known.       |
| No. Yes.  156 Balm Street addr  Bolingbro | Describe  noral Drive ress, if available, or other | or description                | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check of Debtor 1 only Debtor 2 only  | Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> Current value of the current value of the entire property? portion you own?  \$ 186,000.00 \$ 186,000.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estat), if known. |
| No. Yes.  156 Balm Street addr  Bolingbro | Describe  noral Drive ress, if available, or other | or description                | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check of the cooperative of the c | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property  Current value of the Current value of the entire property? portion you own?  \$ 186,000.00 \$ 186,000.00  Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estat), if known.       |

Official Form 106A/B Record # 759502 Schedule A/B: Property Page 1 of 7

\$186,000.00

2. Add the dollar value of the portion you own for all of your entries fro Part 1, including any entries for pages

you have attached for Part 1. Write that number here ..... -->

De

| ebtor 1 | Carolyn    | Case 18-03807<br>Denise | Doc 1 | Filed 02/12/18 | Entered 02/12/18 17:08:51<br>Page 11 of 6 7 humber (if known) | Desc Main |
|---------|------------|-------------------------|-------|----------------|---|-----------|
|         | First Name | Middle Name             |       | Last Name      | Page 11 01 67   |           |
|         |            |                         |       |                |   |           |

| Par           | rt 2:                   | Describe Your Vel   | nicles   |   |                         |   |
|---------------|-------------------------|---|--|---|-------------------------|---|
| you o         | wn that                 | someone else driv   |  | any vehicles, whether they are registered or not? Include any lso report it on Schedule G: Executory Contracts and Unexpire storcycles  |                         |   |
|               |                         | Make: Model: Year: Approximate Milea Other information: 2001 Pontiac Bon 235,000 miles. |  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions) | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: itims Secured by Property  Current value of the portion you own?  600.00 |
|               |                         | Make:<br>Model:<br>Year:  | Buick Century 2002   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only   | the amount of any secur | claims or exemptions. Put ed claims on Schedule D: ilms Secured by Property Current value of the                            |
|               |                         | Approximate Milea Other information: 2002 Buick Centumiles.                             |  | At least one of the debtors and another  Check if this is community property (see instructions)   | entire property?        | portion you own? 00 \$600.00  |
| 5. <b>A</b> d | Examples No. Yes        | s: Boats, trailers, moto<br>s. Describe<br>ollar value of the p                         | ors, personal watercraft, fishing  | creational vehicles, other vehicles, and accessories vessels, snowmobiles, motorcycle accessories  our entries fro Part 2, including any entries for pages>   |                         | \$ 1,200.00   |
|               | nt 3:<br>ou own         |   | rsonal and Household Items<br>or equitable interest in any   | r of the following items?   |                         | Current value of the portion you own? Do not deduct secured claims or exemptions  |
|               |                         |   | nishings<br>urniture, linens, china, kitchenw  | are   |                         |   |
|               | Electroni<br>Examples   | ics<br>s: Televisions and rac   | Furniture, linens, appliances, to store, audio, video, stereo, and dincluding cell phones, cameras | igital equipment; computers, printers, scanners; music  | \$3,000                 | \$ <u>3,000.0</u> 0   |
|               | Yes Collectib           | lles of value<br>s: Antiques and figuri   | nes; paintings, prints, or other a   | nter, music collection, cell phone rtwork; books, pictures, or other art objects;   | \$3,000                 | \$ <u>3,000.0</u> 0   |
|               | stamp, co<br>No.<br>Yes |   | collections; other collections, me   | emorabilia, collectibles  |                         | \$ <u>0.0</u> 0   |

| Debtor 1 | Carolyn Case 1   | L8-03807 Doc 1                      | Filed 02/12/18  Document  Last Name | Entered 02/12/18 17:08:51<br>Page 12 of 67 | Desc Main | _           |
|----------|--|-------------------------------------|-------------------------------------|--|-----------|-------------|
| Ex       | uipment for sports and xamples: Sports, photograph dayaks; carpentry tools; No.  Yes. Describe | phic, exercise, and other hobby ed  | quipment; bicycles, pool tables, g  | olf clubs, skis; canoes                    |           |             |
| 10. Fir  |  |                                     |                                     |  |           | \$ <u> </u> |
|          |  | otguns, ammunition, and related e   | quipment                            |  |           |             |
|          | Yes. Describe  |                                     |                                     |  |           | \$ 0.00     |
| 11. Cld  |  | , furs, leather coats, designer wea | ar, shoes, accessories              |  |           |             |
|          | Yes. Describe  | Everyday clothes, shoes, acce       | essories                            |  | \$150     | \$ 150.00   |
|          | -  | , costume jewelry, engagement ri    | ngs, wedding rings, heirloom jew    | elry, watches, gems,                       |           | ,           |
|          | Yes. Describe  | Everyday jewelry / costume je       | welry                               |  | \$200     | \$ 200.00   |
|          | on-farm animals  | horoco                              |                                     |  |           | <del></del> |
|          | xamples: Dogs, cats, birds,  No.   | , norses                            |                                     |  |           |             |
|          | Yes. Describe  |                                     |                                     |  |           |             |

| 14. Any        | No.      | personal and no    | ousenoia items you ala not a  | aneady list, including any health alds you did not list  |       |                        |  |            |
|----------------|----------|--------------------|---|--|-------|------------------------|--|------------|
|                | Yes.     | Describe           |   |  |       |                        |  |            |
|                |          |                    | books, CDs, DVDs & Family Ph  | notos  | \$300 |                        | ¢  | 300.00     |
| 15. <b>Add</b> | d the do | llar value of all  | of vour entries from Part 3. i  | ncluding any entries for pages you have attached   |       | i                      | \$ <u></u>   |            |
|                |          |                    | •   | >  |       |                        |  | \$6,650.00 |
| Part 4         | 4: D     | escribe Your Fin   | ancial Assets   |  |       |                        |  |            |
| Do you         | own or   | have any legal     | or equitable interest in any  | of the following?  |       | <b>port</b> i<br>Do no | rent value of<br>ion you own<br>ot deduct secu<br>emptions | 1?         |
| 16. Cas        |          | Money you have in  | your wallet, in your home, in a sa  | afe deposit box, and on hand when you file your petition   |       |                        |  |            |
| Ex             | camples: |                    | , or other financial accounts; certif<br>f you have multiple accounts with          | ficates of deposit; shares in credit unions, brokerage houses, the same institution, list each.  |       |                        | <b>\$</b> _  | 0.00       |
|                | No.      |                    | A Torres  | La Maria de la Caracia de la C |       |                        |  |            |
|                | Yes.     | Describe           | Account Type: Checking Account  | Institution name:<br>TCF Bank  |       |                        | ¢  | 1.00       |
|                |          |                    | Checking Account  | TCF Bank   |       |                        | ¢  | 50.00      |
|                |          |                    | Checking Account  | Great Lakes Credit Union   |       |                        | ¢  | 100.00     |
|                |          |                    | Checking Account  | Chase  |       |                        | \$   | 250.00     |
|                |          |                    | Oriconing Account   | - Chase  |       |                        | \$   | 401.00     |
|                |          | Bond funds, invest | ublicly traded stocks ment accounts with brokerage firm Institution or issuer name: | ms, money market accounts  |       |                        | ₽  | 401.00     |
|                |          |                    |   |  |       |                        | \$   | 0.00       |

Dog

0.00

\$0

Carolyn Case 18-03807

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Desc Main

|     | riistivaii   |                                      | indic rane  |  |      |
|-----|--------------|--------------------------------------|---|--|------|
| 19. | Non-public   | ly traded stock                      | and interests in incorporated and unincorporated businesses, including an interest in   |  |      |
|     | =            | Describe                             | Name of Entity and Percent of Ownership:  | ¢  | 0.00 |
| 20. | Negotiable i | nstruments includ                    | te bonds and other negotiable and non-negotiable instruments le personal checks, cashiers' checks, promissory notes, and money orders. tree those you cannot transfer to someone by signing or delivering them. | <u> </u>   |      |
|     | Yes.         | Describe                             | Issuer name:  | \$   | 0.00 |
| 21. |              | or pension acc<br>nterests in IRA, E | counts RISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans   |  |      |
|     | Yes.         | Describe                             | Type of account and Institution name:   | \$   | 0.00 |
| 22. | =            | posits and pre                       |   |  |      |
|     |              |                                      | osits you have made so that you may continue service or use from a company andlords, prepaid rent, public utilities (electric, gas, water), telecommunications  |  |      |
|     | Yes.         | Describe                             | Institution name or individual:   | \$   | 0.00 |
| 23. | Annuities (A | A contract for a                     | a periodic payment of money to you, either for life or for a number of years)   | -  |      |
|     | Yes.         | Describe                             | Issuer name and description:  | \$   | 0.00 |
| 24. |              |                                      | IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. (b), and 529(b)(1).   |  |      |
|     | Yes.         |                                      | Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):  | \$   | 0.00 |
| 25. | No.          |                                      | e interests in property (other than anything listed in line 1), and rights or powers  |  |      |
| 26  | Yes.         | Describe                             | marks, trade secrets, and other intellectual property   | \$   | 0.00 |
| 20. | No.          | nternet domain na                    | ames, websites, proceeds from royalties and licensing agreements  |  |      |
| 27. | Yes.         | Describe                             | other general intangibles   | \$   | 0.00 |
|     |              |                                      | exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  |  |      |
|     | Yes.         | Describe                             |   | \$   | 0.00 |
| Mon | ey or prope  | erty owed to yo                      | u?  | Current value of the portion you own?  Do not deduct secured or exemptions |      |
| 28. | Tax refunds  | s owed to you                        |   |  |      |
|     | Yes.         | Describe                             |   | \$   | 0.00 |
| 29. | Examples: F  | -                                    | sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement   |  |      |
|     | Yes.         | Describe                             |   | \$   | 0.00 |
| 30. | Examples: U  |                                      | owes you sability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, sid loans you made to someone else  |  |      |
|     | Yes.         | Describe                             |   | \$   | 0.00 |

Debtor 1

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Document Page 14 of Tylumber (if known) Case 18-03807 Doc 1 Desc Main 31. Interest in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No. Company Name & Beneficiary: Yes Describe..... Health and life insurance 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No. Yes. Describe..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No. Yes. Describe..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights Yes. Describe..... 0.00 35. Any financial assets you did not already list No. Describe..... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$401.00 for Part 4. Write that number here ---> Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Yes Current value of the portion you own? Do not deduct secured claims or exemptions 38. Accounts receivable or commissions you already earned No. Yes. Describe..... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No. Yes. Describe..... 0.00 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes Describe..... 0.00 41. Inventory No. Describe..... Yes. 0.00 42. Interests in partnerships or joint ventures No. Name of Entity and Percent of Ownership: Describe..... Yes. 0.00

Describe.....

Nο

Yes.

43. Customer lists, mailing lists, or other compilations

0.00

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| 44. Any business-related property you did not already list  |                 |
|---|-----------------|
| Yes. Describe   | \$0.00          |
| 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here                   | \$ 0.00         |
| Part 6:  Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  If you own or have an interest in farmland, list it in Part 1. |                 |
| 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?  No.  |                 |
| Yes. Describe   | \$ 0.00         |
| 47. Farm animals  Examples: Livestock, poultry, farm-raised fish  |                 |
| Yes. Describe   | \$ 0.00         |
| 48. Crops—either growing or harvested  No.  | ·               |
| Yes. Describe  49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade  | \$ <u>0.0</u> 0 |
| No.   |                 |
| Yes. Describe   | \$0.00          |
| 50. Farm and fishing supplies, chemicals, and feed No.  |                 |
| Yes. Describe   | \$ <u> </u>     |
| 51. Any farm- and commercial fishing-related property you did not already list  No.   | _               |
| Yes. Describe   | \$0.00          |
| 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here                   | \$0.00          |
| Part 7:  Describe All Property You Own or Have an Interest in That You Did Not List Above   |                 |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership   |                 |
| No.  Yes. Describe  | ]               |
| 54. Add the dollar value of all of your entries from Part 7. Write that number here>  | \$ <u>0.00</u>  |
|   |                 |

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rst Name Middle Name

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| Part 8: List the Totals of Each Part of this Form                       |             |               |
|---|-------------|---------------|
| 55. Part 1: Total real estate, line 2                                   |             | \$ 186,000.00 |
| 56. Part 2: Total vehicles, line 5                                      | \$ 1,200.00 |               |
| 57. Part 3: Total personal and household items, line 15                 | \$ 6,650.00 |               |
| 58. Part 4: Total financial assets, line 36                             | \$ 401.00   |               |
| 59. Part 5: Total business-related property, line 45                    | \$ 0.00     |               |
| 60. Part 6: Total farm- and fishing-related property, line 52           | \$ 0.00     |               |
| 61. Part 7: Total other property not listed, line 54                    | \$ 0.00     |               |
| 62. Total personal property. Add lines 56 through 61                    | \$ 8,251.00 | \$ 8,251.00   |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62 |             | \$194,251.00  |

Official Form 106A/B Record # 759502 Schedule A/B: Property Page 7 of 7

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| Fill in this information to identify your case: |                      |                                     |                 |  |
|---|----------------------|-------------------------------------|-----------------|--|
| Debtor 1  | Carolyn              | Denise                              | Walker          |  |
|   | First Name           | Middle Name                         | Last Name       |  |
| Debtor 2  | -                    |                                     |                 |  |
| (Spouse, if filing)                             | First Name           | Middle Name                         | Last Name       |  |
| United States                                   | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ | ILLINOIS(State) |  |
| Case Number                                     | -                    |                                     |                 |  |
| (If known)                                      |                      |                                     |                 |  |

## Official Form 106C

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions-such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds-may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 11 Identif         | y the Property You Claim as Exempt                             | <u> </u>                             |   |                                    |
|-------------------------|--|--------------------------------------|---|------------------------------------|
| Which set of ex         | emptions are you claiming? Chec                                | k one only, even if your spo         | ouse is filing with you.  |                                    |
| You are clair           | ming state and federal nonbankrupt                             | cy exemptions . 11 U.S.C.            | § 522(b)(3)   |                                    |
| You are clair           | ming federal exemptions. 11 U.S.C.                             | § 522(b)(2)                          |   |                                    |
|                         |  |                                      |   |                                    |
| For any property        | y you list on <i>Schedule A/B</i> that yo                      | ou claim as exempt, fill in t        | the information below.  |                                    |
| •                       | on of the property and line on hat lists this property         | Current value of the portion you own | Amount of the exemption you claim                               | Specific laws that allow exemption |
|                         |  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                           |                                    |
| Brief description:      | 156 Balmoral Drive Bolingbrook IL<br>60440 - Primary Residence | \$186,000                            | \$15,000  | 735 ILCS 5/12-901                  |
| Line from Schedule A/B: | 01   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | 2001 Pontiac Bonneville with over 235,000 miles.               | \$ <u>600</u>                        | \$_600  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | 2002 Buick Century with over 190,000 miles.                    | \$ <u>600</u>                        | \$ _ 2,400  | 735 ILCS 5/12-1001(c)              |
| Line from Schedule A/B: | 03   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Brief description:      | Furniture, linens, appliances, table & chairs, bedroom set     | \$_3,000                             | \$ _ 2,000  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: | 06   |                                      | 100% of fair market value, up to any applicable statutory limit |                                    |
|                         |  |                                      |   |                                    |
| Official Form 106C      | Record # 759502  | Schedule C: T                        | he Property You Claim as Exempt                                 | Page 1 of 2                        |

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Carolyn

Official Form 106C

Record #

Denise

Document

Last Name

Page 18 of 67 Case Number (if known)

Debtor 1

Middle Name

Additional Page Part 2: Current value of the Amount of the exemption you claim Specific laws that allow exemption Brief description of the property and line on portion you own Schedule A/B that lists this property Copy the value from Check only one box for each exemption Schedule A/B 735 ILCS 5/12-1001(b) Brief Flat screen TV, computer, printer, \$ 3,000 \$ 1,000 description: music collection, cell phone Line from 100% of fair market value, up to 07 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(a),(e) Brief Everyday clothes, shoes, \$ 150 150 description: accessories 100% of fair market value, up to Line from Schedule A/B: any applicable statutory limit Brief books, CDs, DVDs & Family 735 ILCS 5/12-1001(a) 300 \$ 350 Photos description: 100% of fair market value, up to Line from 14 Schedule A/B: any applicable statutory limit Brief Checking Account, TCF Bank, 735 ILCS 5/12-1001(b) \$ 50 50.00 description: 100% of fair market value, up to Line from 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) Brief Checking Account, Great Lakes 100 100 Credit Union, 100.00 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 735 ILCS 5/12-1001(b) Brief Checking Account, Chase, 250.00 250 250 description: Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No. Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ Yes. 759502

Schedule C: The Property You Claim as Exempt

Page 2 of 2

| te as possible. If two mais needed, copy the Add<br>r name and case numbe<br>claims secured by your   | Last Name  Last Name  Last Name  District of ILLINOIS (State)  Te Claims Secured by Irried people are filing together, bo itional Page, fill it out, number the r (if known). | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  | Check if this amended fil  | ling   |
|---|---|---|--|--|--|
| ourt for the :NORTHERN  6D  ditors Who Have te as possible. If two mais needed, copy the Addr name and case number claims secured by your and submit this form to the | District of ILLINOIS (State)  Te Claims Secured by Inried people are filing together, bo itional Page, fill it out, number the r (if known).                                  | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  | amended fil  | ling   |
| 6D ditors Who Have te as possible. If two mais needed, copy the Addr name and case number claims secured by your and submit this form to the                          | District ofILLINOIS(State)  Te Claims Secured by arried people are filing together, bo itional Page, fill it out, number the r (if known).                                    | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  | amended fil  |  |
| 6D ditors Who Have te as possible. If two mais needed, copy the Addr name and case number claims secured by your and submit this form to the                          | District ofILLINOIS(State)  Te Claims Secured by arried people are filing together, bo itional Page, fill it out, number the r (if known).                                    | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  | amended fil  | ling   |
| ditors Who Have te as possible. If two mais needed, copy the Addr name and case number claims secured by your and submit this form to the                             | re Claims Secured by arried people are filing together, bo itional Page, fill it out, number the r (if known).  | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  | amended fil  | ling   |
| te as possible. If two mais needed, copy the Addr name and case number claims secured by your and submit this form to the   | re Claims Secured by arried people are filing together, bo itional Page, fill it out, number the r (if known).  | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  | amended fil  | ling   |
| te as possible. If two mais needed, copy the Addr name and case number claims secured by your and submit this form to the   | nried people are filing together, bo<br>itional Page, fill it out, number the<br>r (if known).<br>property?   | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  |  | ·  |
| te as possible. If two mais needed, copy the Addr name and case number claims secured by your and submit this form to the   | nried people are filing together, bo<br>itional Page, fill it out, number the<br>r (if known).<br>property?   | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  | ny   | 12/15  |
| te as possible. If two mais needed, copy the Addr name and case number claims secured by your and submit this form to the   | nried people are filing together, bo<br>itional Page, fill it out, number the<br>r (if known).<br>property?   | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  | ny   | 12/15  |
| te as possible. If two ma<br>is needed, copy the Add<br>r name and case numbe<br>claims secured by your<br>and submit this form to t                                  | nried people are filing together, bo<br>itional Page, fill it out, number the<br>r (if known).<br>property?   | oth are equally responsible<br>entries, and attach it to thi  | s form. On the top of a  | ny   |  |
|   |   |   |  |  |  |
| red Claims  |   |   | Column A   | Column A   | Column C   |
| than one creditor has a   | han one secured claim, list the credi<br>particular claim, list the other credito<br>ical order according to the creditors  | ors in Part 2.  | Amount of claim Do not deduct the value of collateral  | Value of collateral<br>that supports this<br>claim   | Unsecured<br>portion<br>If any   |
| cing L  | Describe the property that secu   | ures the claim:   | <b>\$</b> _183,167.00  | <b>\$</b> 186,000.00   | \$ <u>0.00</u>   |
|   | 156 Balmoral Drive Bolingbroo   | ok IL 60440 - Primary   |  |  |  |
|   | Residence   |   |  |  |  |
|   | As of the data you file the clair   | min. Charle all that apply  |  |  |  |
|   | As of the date you file, the clair  Contingent  | III IS: Check all that apply.   |  |  |  |
| FL 32826  | Unliquidated  |   |  |  |  |
| State Zip Code  | Disputed  |   |  |  |  |
| heck one.   | Nature of Lien. Check all that ap   | oply.   |  |  |  |
|   | An agreement you made (such   | n as mortgage or secured  |  |  |  |
|   | car loan)   |   |  |  |  |
| 2 only  | Statutory lien (such as tax lien,   | , mechanic's lien)  |  |  |  |
| btors and another   | Judgment lien from a lawsuit  |   |  |  |  |
|   | Other (including a right to offse   | et)   |  |  |  |
| relates to a  |   |   |  |  |  |
| 2007-2016   | Last 4 digits of account numbe  | er <u>1400</u>  |  |  |  |
|   | nat You Already Listed  |   |  |  |  |
| o Be Notified for a Debt T  | one else, list the creditor in Part 1, an   | nd then list the collection age   | ency here. Similarly, if yo  | u have more  |  |
|   | others to be notified all   | ates to a  2007-2016  Last 4 digits of account number  Be Notified for a Debt That You Already Listed  others to be notified about your bankruptcy for a debt that a debt you owe to someone else, list the creditor in Part 1, are elebts that you listed in Part 1, list the additional creditors | 2007-2016  Last 4 digits of account number1400  Be Notified for a Debt That You Already Listed  others to be notified about your bankruptcy for a debt that you already listed in Part 1. If a debt you owe to someone else, list the creditor in Part 1, and then list the collection age | ates to a  2007-2016  Last 4 digits of account number1400  De Notified for a Debt That You Already Listed  others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you de debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified. | ates to a  2007-2016  Last 4 digits of account number 1400  Be Notified for a Debt That You Already Listed  others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more to debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$<u>183,167.00</u>

|                                    |  | Caco 10 0200  | 7 Doc 1  | Eilad 02/12/19  | Entered 02/12/18 1   | 7:08:51                              | Desc Main         |                       |
|------------------------------------|--|---|--|---|--|--------------------------------------|-------------------|-----------------------|
| Fil                                | l in this inf  | ormation to identify your c   | ase:   |   | 0 of 67  | .7.00.01                             | Desc Main         |                       |
| De                                 | ebtor 1  | Carolyn   | Denise   | Walker  |  |                                      |                   |                       |
|                                    |  | First Name  | Middle Name  | Last Name   |  |                                      |                   |                       |
|                                    | ebtor 2  |   |  |   |  |                                      |                   |                       |
| (Sp                                | oouse, if filing)  | First Name  | Middle Name  | Last Name   |  |                                      |                   |                       |
| Ur                                 | nited States I   | Bankruptcy Court for the : <u>NO</u>                                | RTHERN District  |   |  |                                      |                   |                       |
| Ca                                 | ase Number   |   |  | (State)   |  |                                      | Check if          | this is an            |
| (If                                | known)   |   |  |   |  |                                      | amende            | d filing              |
| Offi                               | icial Fo   | orm 106E/F  |  |   |  |                                      |                   |                       |
| Sch                                | edule  | E/F: Creditors W  | ho Have U  | nsecured Claims   | i  |                                      |                   | 12/15                 |
| A/B: F<br>credit<br>needs<br>op of | Property (Cors with pad, copy the fany addition any crece No. Go | Official Form 106A/B) and or<br>artially secured claims that        | n Schedule G: Ex<br>are listed in Scho<br>number the entrie<br>ne and case numb<br>ecured Claims | recutory Contracts and Une<br>edule D: Creditors Who Ha<br>s in the boxes on the left. A<br>per (if known). | a claim. Also list executory cont expired Leases (Official Form 10) we Claims Secured by Property. Attach the Continuation Page to t | 6G). Do not incl<br>If more space is | ude any           |                       |
|                                    | Yes.   |   |  | and the same and although   | secured claim, list the creditor sepa  |                                      | data. Ess         |                       |
| u                                  | insecured of   | claims, fill out the Continuation<br>lanation of each type of clain | on Page of Part 1.   | If more than one creditor ho  | ng to the creditor's name. If you had be a particular claim, list the othe action booklet.)  | r creditors in Par                   | Priority amount   | Nonpriority<br>amount |
| 2.1                                | IRS Prio   | rity Debt   | Las  | t 4 digits of account number  |  | \$ <u>2,779.00</u>                   | <u>\$2,779.00</u> | \$ <u>0.00</u>        |
|                                    | PO Box   |   | Who  | en was the debt incurred?   | 2016   |                                      |                   |                       |
|                                    | Number   | Street  |  |   |  |                                      |                   |                       |
|                                    |  |   | As   | of the date you file, the claim   | is: Check all that apply.  |                                      |                   |                       |
|                                    |  |   |  | Contingent  |  |                                      |                   |                       |
|                                    | Philadel   | <u>'</u>  |  | Unliquidated  |  |                                      |                   |                       |
|                                    | City<br>Who owes   | State Zip the debt? Check one.                                      | Code   | Disputed  |  |                                      |                   |                       |
|                                    | Debtor 1   | only  |  |   |  |                                      |                   |                       |
|                                    | Debtor 2   | only!   | <u>Ту</u> р  | e of PRIORITY unsecured cla   | aim:   |                                      |                   |                       |
|                                    | Debtor 1   | and Debtor 2 only   | <u></u> ⊔  | Domestic support obligations  |  |                                      |                   |                       |
|                                    | At least   | one of the debtors and another                                      |  | Taxes and certain other debts yo  | ou owe the government  |                                      |                   |                       |
|                                    | _  | f this claim relates to a   | _  |   |  |                                      |                   |                       |
|                                    |  | nity debt   | LI.  | Claims for death or personal inju   | ry while you were  |                                      |                   |                       |
|                                    | No   | subject to offest?  |  | intoxicated   |  |                                      |                   |                       |
|                                    | Yes  |   | Ш'   | Other. Specify  |  |                                      |                   |                       |
| Pa                                 |  | ist All of Your NONPRIORITY   | Unsecured Claims   | 5   |  |                                      |                   |                       |
| 3 D                                | o any cred   | litors have nonpriority unse  | ecured claims ag   | ainst vou?  |  |                                      |                   |                       |
| Г                                  | _  | have nothing to report in th  | _  | -   | r other schedules.   |                                      |                   |                       |
|                                    | Yes.   |   |  | and and and and manyout   |  |                                      |                   |                       |
| 4 1                                |  | our nonpriority unsecured (   | claims in the alph   | abetical order of the credit  | or who holds each claim. If a cree   | ditor has more th                    | nan one           |                       |
| n<br>ir                            | onpriority to  | unsecured claim, list the cred                                      | ditor separately for<br>litor holds a partic   | each claim. For each claim  | listed, identify what type of claim i itors in Part 3.If you have more that  | t is. Do not list c                  | laims already     |                       |
|                                    |  |   |  |   |  |                                      |                   | Total claim           |

Official Form 106E/F Record # 759502

Case 18-03807 Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Page 21 of 67 Case Number (if known) Document Carolyn Denise Debtor 1 Last Name First Name Middle Name

| 4.1 American Water                                 | Last 4 digits of account number         | 0144                          | <b>\$</b> 565.51    |
|--|---|-------------------------------|---------------------|
| Creditor's Name                                    |   | 004040                        |                     |
| PO box 3027  | When was the debt incurred?             | 021218                        |                     |
| Number Street                                      |   |                               |                     |
|  | As of the date you file, the claim is:  | Check all that apply.         |                     |
|  | Contingent                              |                               |                     |
| Milwaukee WI 53201                                 | Unliquidated                            |                               |                     |
| City State Zip Code Who owes the debt? Check one.  | Disputed                                |                               |                     |
| Debtor 1 only                                      |   |                               |                     |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured of        | Naim:                         |                     |
| Debtor 1 and Debtor 2 only                         | Student loans                           | Jann.                         |                     |
| At least one of the debtors and another            | Obligations arising out of a separati   | on agreement or divorce       |                     |
|  | that you did not report as priority cla | -                             |                     |
| Check if this claim relates to a community debt    | Debts to pension or profit-sharing p    |                               |                     |
| Is the claim subject to offest?                    | Bests to periodor or profit sticking p  | and, and other diffinal debte |                     |
| No   | Other. Specify                          |                               |                     |
| Yes  |   |                               |                     |
| 4.2 Americash Loans                                | Last 4 digits of account number         |                               | \$ <u>1,500.00</u>  |
| Creditor's Name                                    |   |                               |                     |
| PO Box 184   | When was the debt incurred?             |                               |                     |
| Number Street                                      |   |                               |                     |
|  | As of the date you file, the claim is:  | Check all that apply.         |                     |
|  | Contingent                              |                               |                     |
| Des Plaines IL 60016                               | Unliquidated                            |                               |                     |
| City State Zip Code Who owes the debt? Check one.  | Disputed                                |                               |                     |
| Debtor 1 only                                      | _                                       |                               |                     |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured of        | rlaim:                        |                     |
| Debtor 1 and Debtor 2 only                         | Student loans                           | num.                          |                     |
| At least one of the debtors and another            | Obligations arising out of a separati   | on agreement or divorce       |                     |
| Check if this claim relates to a                   | that you did not report as priority cla |                               |                     |
| community debt                                     | Debts to pension or profit-sharing p    |                               |                     |
| Is the claim subject to offest?                    |   |                               |                     |
| No   | Other. Specify PayDay Loan              |                               |                     |
| Yes  |   |                               |                     |
| 4.3 AVANT  | Last 4 digits of account number         | <u>5941</u>                   | \$ <u>13,417.00</u> |
| Creditor's Name                                    | Miles was the delication and            | 2015-2017                     |                     |
| 222 N. Lasalle Suite 170                           | When was the debt incurred?             |                               |                     |
| Number Street                                      |   |                               |                     |
|  | As of the date you file, the claim is:  | Check all that apply.         |                     |
| Chicago II 60604                                   | Contingent                              |                               |                     |
| Chicago IL 60601                                   | Unliquidated                            |                               |                     |
| City State Zip Code  Who owes the debt? Check one. | Disputed                                |                               |                     |
| Debtor 1 only                                      |   |                               |                     |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured of        | claim:                        |                     |
| Debtor 1 and Debtor 2 only                         | Student loans                           |                               |                     |
| At least one of the debtors and another            | Obligations arising out of a separati   | on agreement or divorce       |                     |
| Check if this claim relates to a                   | that you did not report as priority cla | -                             |                     |
| community debt                                     | Debts to pension or profit-sharing p    | lans, and other similar debts |                     |
| Is the claim subject to offest?                    | -                                       |                               |                     |
| No   | Other. Specify Personal Loan            |                               |                     |

Official Form 106E/F

Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Case 18-03807 Page 22 of 67 Case Number (if known) Document Carolyn Denise Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Bofifedbk/Hrbmrld/ATLC \$ 512.00 Last 4 digits of account number \_ Creditor's Name 2012-2018 1 H And R Block Way When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Kansas City MO 64105 Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes Capitalone NULL **\$** 1,333.00 Last 4 digits of account number 4.5 Creditor's Name 2003-2018 15000 Capital One Dr When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 23238 Richmond VA Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt

Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Case 18-03807 Page 23 of 67 Case Number (if known) Document Carolyn Denise Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Capitalone \$ 2,460.00 Last 4 digits of account number \_ Creditor's Name 2005-2017 15000 Capital One Dr When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Richmond 23238 VA Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes Capitalone NULL \$ 2,562.00 Last 4 digits of account number 4.8 Creditor's Name 2002-2017 15000 Capital One Dr When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 23238 Richmond VA Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify \_\_\_ Credit Card or Credit Use Yes CBNA **NULL** \$ 498.00 4.9 Last 4 digits of account number Creditor's Name 2007-2018 Po Box 6497 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Sioux Falls 57117 Unliquidated City State Zip Code Disputed

Case 18-03807 Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Page 24 of 67 Document Carolyn Denise Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim CBNA** \$ 1,385.00 4.10 Last 4 digits of account number \_ Creditor's Name 2007-2017 Po Box 6497 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Sioux Falls SD 57117 Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes Chase CARD NULL \$ 299.00 Last 4 digits of account number 4.11 Creditor's Name 2015-2018 Po Box 15298 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Wilmington 19850 DE Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes Comed 4041 \$ 77.00 Last 4 digits of account number 4.12 Creditor's Name 12/22/2017 PO Box 6111 When was the debt incurred? Street Number

|          | (          | 20-03001    | DOC I |           | Entered 02/12/10 17:00:31       | Desc Main |
|----------|------------|-------------|-------|-----------|---------------------------------|-----------|
| Debtor 1 | Carolyn    | Denise      |       | Dacument  | Page 25 of 67 Number (if known) |           |
|          | First Name | Middle Name |       | Last Name |                                 |           |

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| After lis  | eting any entries on this page, number them be     | ginning with 4.4, followed by 4.5, and    | so forth.                    | Total Claim      |
|--|--|---|------------------------------|------------------|
| 4.13   | COMENITY BANK/Roomplce                             | Last 4 digits of account number           | NULL                         | <b>\$</b> 146.00 |
| 1111   | Creditor's Name                                    |   | · <del></del>                |                  |
|  | Po Box 182789                                      | When was the debt incurred?               | 2008-2018                    |                  |
|  | Number Street                                      |   |                              |                  |
|  |  | As of the date you file, the claim is: C  | heck all that apply          |                  |
|  |  |   | incox all that apply.        |                  |
|  | Columbus OH 43218                                  | Contingent                                |                              |                  |
|  | City State Zip Code                                | Unliquidated                              |                              |                  |
| W  | /ho owes the debt? Check one.                      | Disputed                                  |                              |                  |
|  | Debtor 1 only                                      |   |                              |                  |
|  | Debtor 2 only                                      | Type of NONPRIORITY unsecured cla         | ıim:                         |                  |
| ΙĒ   | Debtor 1 and Debtor 2 only                         | Student loans                             |                              |                  |
| li   | At least one of the debtors and another            | Obligations arising out of a separation   | agreement or divorce         |                  |
|  | Check if this claim relates to a                   | that you did not report as priority claim |                              |                  |
| -  | community debt                                     | Debts to pension or profit-sharing plan   |                              |                  |
| ls   | the claim subject to offest?                       | Beste to perioder of profit sharing plant | is, and other offinial debte |                  |
|  | No   | Other. Specify Credit Card or Cre         | edit Use                     |                  |
| Ē  | Yes  | Other. Specify Ordan Sand Or One          | <u></u>                      |                  |
| 4.14   | Comenitybank/Victoria                              | Last 4 digits of account number           | NULL                         | <b>\$</b> 184.00 |
| 7.17   | Creditor's Name                                    |   | · <del></del>                | -                |
|  | Po Box 182789                                      | When was the debt incurred?               | 2007-2018                    |                  |
|  | Number Street                                      |   |                              |                  |
|  |  | As a fall and a second the above to be a  | No. of all that and          |                  |
|  | <del></del>  | As of the date you file, the claim is: C  | heck all that apply.         |                  |
|  | Columbus OH 43218                                  | Contingent                                |                              |                  |
|  | City State Zip Code                                | Unliquidated                              |                              |                  |
| l v  | /ho owes the debt? Check one.                      | Disputed                                  |                              |                  |
|  | Debtor 1 only                                      |   |                              |                  |
| 1 7  | Debtor 2 only                                      | Type of NONPRIORITY unsecured cla         | im:                          |                  |
|  | Debtor 1 and Debtor 2 only                         | Student loans                             | mi.                          |                  |
|  | <b>=</b>   | =   | agreement or diverse         |                  |
|  | At least one of the debtors and another            | Obligations arising out of a separation   |                              |                  |
| L  | Check if this claim relates to a                   | that you did not report as priority claim |                              |                  |
|  | community debt the claim subject to offest?        | Debts to pension or profit-sharing plan   | is, and other similar debts  |                  |
|  |  |   | 19.11                        |                  |
| 1 7  | No<br>¬  | Other. Specify Credit Card or Cre         | edit Use                     |                  |
| <del>                                     </del> | Yes<br>Comenitycb/Overstock                        | Look 4 digites of account mountain        | NULL                         | <b>\$</b> 817.00 |
| 4.15   |  | Last 4 digits of account number           |                              | <b>3</b> 017.00  |
|  | Creditor's Name Po Box 182120                      | When was the debt incurred?               | 2014-2018                    |                  |
|  |  | When was the dest meaned:                 |                              |                  |
| 1  | Number Street                                      |   |                              |                  |
|  |  | As of the date you file, the claim is: C  | theck all that apply.        |                  |
|  |  | Contingent                                |                              |                  |
|  | Columbus OH 43218                                  | Unliquidated                              |                              |                  |
| ۱ ۱۸   | City State Zip Code  /ho owes the debt? Check one. | Disputed                                  |                              |                  |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \            |  |   |                              |                  |
|  | Debtor 1 only                                      |   |                              |                  |
| <u> </u>   | Debtor 2 only                                      | Type of NONPRIORITY unsecured cla         | im:                          |                  |
| 1 <u>L</u>                                       | Debtor 1 and Debtor 2 only                         | Student loans                             |                              |                  |
| [  | At least one of the debtors and another            | Obligations arising out of a separation   | agreement or divorce         |                  |
| Г  | Check if this claim relates to a                   | that you did not report as priority claim | ıs                           |                  |
| -  | community debt                                     | Debts to pension or profit-sharing plan   | is, and other similar debts  |                  |
| ls ls  | the claim subject to offest?                       |   |                              |                  |
|  | No   | Other. Specify Credit Card or Cre         | edit Use                     |                  |
|  | Yes  | _   |                              |                  |

Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Case 18-03807 Page 26 of 67 Case Number (if known) Document Carolyn Denise Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Credit ONE BANK NA \$ 2,276.00 Last 4 digits of account number \_ Creditor's Name 2003-2017 Po Box 98875 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent NV 89193 Las Vegas Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes D & A Services \$ 1,799.43 Last 4 digits of account number 4.17 Creditor's Name 1400 E Touhy Avenue When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 60018 Rosemont IL Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest?

| Debtor 1  | Carolyn<br>First Name   | 18-03807  Denise  Middle Name         | Doc 1       | Document<br>Last Name  | Entered 02/12/18 17:08:51<br>Page 27 of 67 Number (if known) | Desc Main | _                  |
|-----------|---|---------------------------------------|-------------|--|--|-----------|--------------------|
| Part      |   | ITY Unsecured Clai                    |             |  | F and a fauth  |           | Total Clain        |
| Arter iis | ting any entries on thi   | is page, number ti                    | iem beginni | ng with 4.4, followed by 4.  | 5, and so forth.   |           | Total Clair        |
| 4.19      | ISPC  |                                       | La          | st 4 digits of account number  | erNULL   |           | \$ <u>4,563.00</u> |
|           | Creditor's Name  1115 Gunn Hwy Ste 10  Number Street                  | 00                                    | _ WI        | nen was the debt incurred?   | 2006-2018  |           |                    |
|           |   |                                       | As          | of the date you file, the clair                                      | m is: Check all that apply.                                  |           |                    |
| w         | Odessa  City ho owes the debt? Check Debtor 1 only                    | FL 33556<br>State Zip Code<br>ck one. |             | Contingent<br>Unliquidated<br>Disputed                               |  |           |                    |
| _ =       | Debtor 2 only  Debtor 1 and Debtor 2 on                               | nlv                                   | Ту          | pe of NONPRIORITY unsecu   | red claim:   |           |                    |
| -         | At least one of the debto   | ,                                     | F           | Obligations arising out of a seg                                     | paration agreement or divorce                                |           |                    |
| Is        | Check if this claim rel<br>community debt<br>the claim subject to off | ates to a                             |             | that you did not report as priori<br>Debts to pension or profit-shar | ity claims<br>ing plans, and other similar debts             |           |                    |
|           | No<br>Yes   |                                       |             | Other. Specify Credit Card   | d or Credit Use  |           |                    |
| 4.20      | Kohls/Capone  |                                       | La          | st 4 digits of account number  | r NULL   |           | <b>\$</b> 613.00   |
|           | Creditor's Name  N56 W 17000 Ridgewo                                  | ood Dr                                |             | nen was the debt incurred?   | 2007-2012  |           |                    |
|           |   |                                       | As          | of the date you file, the clain                                      | <b>m is:</b> Check all that apply.                           |           |                    |

| 1115 Gunn Hwy Ste 100                              | When was the debt incurred? 2006-2018                                     |                  |
|--|---|------------------|
| Number Street                                      | <del></del>   |                  |
|  |   |                  |
|  | As of the date you file, the claim is: Check all that apply.              |                  |
| Odessa FL 33556                                    | Contingent  |                  |
|  | Unliquidated  |                  |
| City State Zip Code  Who owes the debt? Check one. | Disputed  |                  |
| Debtor 1 only                                      | <del>-</del>  |                  |
| Debtor 2 only                                      | Turns of NONDRIODITY unaccounted alaims                                   |                  |
| = '  | Type of NONPRIORITY unsecured claim:                                      |                  |
| Debtor 1 and Debtor 2 only                         | ☐ Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce              |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                                |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts         |                  |
| s the claim subject to offest?                     | _   |                  |
| No   | Other. Specify Credit Card or Credit Use                                  |                  |
| Yes  | NI II I   | 040.00           |
| Kohls/Capone                                       | Last 4 digits of account number NULL                                      | \$ <u>613.00</u> |
| Creditor's Name                                    | When was the debt incurred? 2007-2012                                     |                  |
| N56 W 17000 Ridgewood Dr                           | When was the debt incurred? 2007-2012                                     |                  |
| Number Street                                      |   |                  |
|  | As of the date you file, the claim is: Check all that apply.              |                  |
|  | Contingent  |                  |
| Menomonee Falls WI 53051                           | Unliquidated  |                  |
| City State Zip Code                                |   |                  |
| Vho owes the debt? Check one.                      | Disputed  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                      |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce              |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                                |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts         |                  |
| s the claim subject to offest?                     | Social to possible of profit defaulting plants, and other default default |                  |
| No   | Other. Specify Credit Card or Credit Use                                  |                  |
| Yes  | Office. Specify   |                  |
| Lending CLUB CORP                                  | Last 4 digits of account number2924                                       | \$ 7,022.00      |
| Creditor's Name                                    |   | * <del></del>    |
| 71 Stevenson St Ste 300                            | When was the debt incurred? 2017-2017                                     |                  |
| Number Street                                      |   |                  |
|  |   |                  |
|  | As of the date you file, the claim is: Check all that apply.              |                  |
| San Eranoigo                                       | Contingent  |                  |
| San Francisco CA 94105                             | Unliquidated  |                  |
| City State Zip Code  Vho owes the debt? Check one. | Disputed  |                  |
|  | <b>–</b>  |                  |
| Debtor 1 only                                      |   |                  |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                      |                  |
| Debtor 1 and Debtor 2 only                         | Student loans   |                  |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce              |                  |
| Check if this claim relates to a                   | that you did not report as priority claims                                |                  |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts         |                  |
| the claim subject to offest?                       |   |                  |
| No   | Other. Specify Personal Loan  |                  |
| Yes  |   |                  |

Official Form 106E/F

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| 1201 Roberts Blvd Nw Ste                | When was the debt incurred? 2017-2017                             |                    |
|---|---|--------------------|
| Number Street                           |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   |   |                    |
| Kennesaw GA 30144                       | Contingent  |                    |
| City State Zip Code                     | Unliquidated  |                    |
| Who owes the debt? Check one.           | Disputed  |                    |
| Debtor 1 only                           |   |                    |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only              | Student loans   |                    |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a        | that you did not report as priority claims                        |                    |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?         |   |                    |
| No                                      | Other. Specify Personal Loan                                      |                    |
| Yes                                     | Outer. Opcomy   |                    |
| 4.23 Syncb/ASHLEY HOMESTORE             | Last 4 digits of account number NULL                              | <b>\$</b> 2,330.00 |
| Creditor's Name                         | <del></del>   |                    |
| 950 Forrer Blvd                         | When was the debt incurred? 2015-2017                             |                    |
| Number Street                           |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   |   |                    |
| Kettering OH 45420                      | ☐ Contingent  |                    |
| City State Zip Code                     | Unliquidated  |                    |
| Who owes the debt? Check one.           | Disputed  |                    |
| Debtor 1 only                           |   |                    |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only              | Student loans   |                    |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a        | that you did not report as priority claims                        |                    |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?         | _   |                    |
| No                                      | Other. Specify Credit Card or Credit Use                          |                    |
| Yes                                     |   |                    |
| 4.24 Syncb/CAR CARE DISC TI             | Last 4 digits of account number NULL                              | \$ <u>373.00</u>   |
| Creditor's Name                         | 2017 2010   |                    |
| Po Box 965036                           | When was the debt incurred? 2017-2018                             |                    |
| Number Street                           |   |                    |
|   | As of the date you file, the claim is: Check all that apply.      |                    |
|   | Contingent  |                    |
| Orlando FL 32896                        | Unliquidated  |                    |
| City State Zip Code                     | Disputed  |                    |
| Who owes the debt? Check one.           | Disputed  |                    |
| Debtor 1 only                           |   |                    |
| Debtor 2 only                           | Type of NONPRIORITY unsecured claim:                              |                    |
| Debtor 1 and Debtor 2 only              | Student loans   |                    |
| At least one of the debtors and another | Obligations arising out of a separation agreement or divorce      |                    |
| Check if this claim relates to a        | that you did not report as priority claims                        |                    |
| community debt                          | Debts to pension or profit-sharing plans, and other similar debts |                    |
| Is the claim subject to offest?         | _   |                    |
| No                                      | Other. Specify Credit Card or Credit Use                          |                    |
| Yes                                     |   |                    |

Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Case 18-03807 Page 29 of 67 Case Number (if known) Document Carolyn Denise Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Syncb/HOME SHOPPING \$ 0.00 Last 4 digits of account number \_ Creditor's Name 2006-2009 Po Box 965005 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent FI 32896 Orlando Unliquidated City Zip Code State Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes Syncb/OLD NAVY NULL **\$** 140.00 Last 4 digits of account number Creditor's Name 2017-2017 Po Box 965005 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 32896 Orlando FL Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify \_\_\_ Credit Card or Credit Use Yes Syncb/QVC **NULL** \$ 1,026.00 Last 4 digits of account number Creditor's Name 2014-2017 Po Box 965018 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Orlando 32896 Unliquidated City State Zip Code

Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Case 18-03807 Page 30 of 67 Case Number (if known) Document Carolyn Denise Debtor 1 Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total Claim** Syncb/STEIN MART DC \$ 2,141.00 Last 4 digits of account number \_ Creditor's Name 2007-2018 Po Box 965005 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent FI 32896 Orlando Unliquidated City State Zip Code Disputed Who owes the debt? Check one Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offest? No Other. Specify Credit Card or Credit Use Yes Syncb/Walmart NULL \$ 963.00 Last 4 digits of account number Creditor's Name 2007-2018 Po Box 965024 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 32896 Orlando FL Unliquidated City State Zip Code Disputed Who owes the debt? Check one. Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce At least one of the debtors and another that you did not report as priority claims Check if this claim relates to a Debts to pension or profit-sharing plans, and other similar debts community debt Is the claim subject to offest? No Other. Specify \_\_\_ Credit Card or Credit Use Iyes TCF of Illinois \$ 1,500.00 Last 4 digits of account number Creditor's Name 4930 N. Milwaukee Ave. When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Chicago 60630 Unliquidated City State Zip Code Disputed Who owes the debt? Check one.

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| First Name Middle Name                             | Last Name  |                                       |
|--|--|---------------------------------------|
| Your NONPRIORITY Unsecured Claims -                | ·  |                                       |
| listing any entries on this page, number them      | beginning with 4.4, followed by 4.5, and so forth.                       | Total Claim                           |
| TD BANK USA/Targetcred                             | Last 4 digits of account number NULL                                     | \$ <u>1,037.00</u>                    |
| Creditor's Name                                    | When was the debt incurred? 2007-2017                                    |                                       |
| Po Box 673  Number Street                          | When was the debt incurred? 2007-2017                                    |                                       |
| Number Steek                                       | As of the date you file the claim is: Check all that apply               |                                       |
|  | As of the date you file, the claim is: Check all that apply.  Contingent |                                       |
| Minneapolis MN 55440                               | Unliquidated   |                                       |
| City State Zip Code  Who owes the debt? Check one. | Disputed   |                                       |
| Debtor 1 only                                      |  |                                       |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                     |                                       |
| Debtor 1 and Debtor 2 only                         | Student loans  |                                       |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce             |                                       |
| Check if this claim relates to a                   | that you did not report as priority claims                               |                                       |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts        |                                       |
| Is the claim subject to offest?                    | _  |                                       |
| ■ No   | Other. Specify Credit Card or Credit Use                                 |                                       |
| Yes<br>Wffnatbank                                  | Last 4 digits of account numberNULL                                      | <b>\$</b> 1,984.00                    |
| Creditor's Name                                    |  | · · · · · · · · · · · · · · · · · · · |
| Po Box 94498                                       | When was the debt incurred? 2015-2018                                    |                                       |
| Number Street                                      |  |                                       |
|  | As of the date you file, the claim is: Check all that apply.             |                                       |
|  | Contingent   |                                       |
| Las Vegas NV 89193                                 | Unliquidated   |                                       |
| City State Zip Code Who owes the debt? Check one.  | Disputed   |                                       |
| Debtor 1 only                                      |  |                                       |
| Debtor 2 only                                      | Type of NONPRIORITY unsecured claim:                                     |                                       |
| Debtor 1 and Debtor 2 only                         | Student loans  |                                       |
| At least one of the debtors and another            | Obligations arising out of a separation agreement or divorce             |                                       |
| Check if this claim relates to a                   | that you did not report as priority claims                               |                                       |
| community debt                                     | Debts to pension or profit-sharing plans, and other similar debts        |                                       |
| Is the claim subject to offest?                    | _  |                                       |
| ■ No   | Other. Specify Credit Card or Credit Use                                 |                                       |
| Yes  |  |                                       |
| List Others to Be Notified for a Debt Th           | at You Already Listed  |                                       |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Carolyn

Debtor 1

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Debtor 1 Carolyn

Denise

Add the Amounts for Each Type of Unsecured Claim

Document

Add the amounts for each type of unsecured claim.

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.

|                             |   |     | Total claim |    |
|-----------------------------|---|-----|-------------|----|
| Total claims<br>from Part 1 | 6a. Domestic support obligations  | 6a. | \$0.0       | 00 |
|                             | 6b. Taxes and Certain other debts you owe the government  | 6b. | \$          | 0  |
|                             | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$0.0       | 10 |
|                             | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | \$0.0       | 10 |
|                             | 6e. <b>Total</b> . Add lines 6a through 6d.   | 6e. | \$0         | 00 |
|                             |   |     | Total claim |    |
| Total claims from Part 2    | 6f. Student loans   | 6f. | \$0.0       | 10 |
|                             | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.0       | 0  |
|                             | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.0       | 0  |
|                             | 6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$81,995.9  | 14 |
|                             |   |     |             |    |

|                |                                   | Caso 19              | 02907 Doc 1 E   | ilad 02/12/10   | Entor                        | ed 02/12/18                                     | 17:08:51                             | Desc Main                     |      |
|----------------|-----------------------------------|----------------------|---|---|------------------------------|---|--------------------------------------|-------------------------------|------|
| Fi             | ll in this in                     | formation to ident   | tify your case:   |   |                              | 3 of 67   |                                      | 2 000                         |      |
| D              | ebtor 1                           | Carolyn              | Denise  | Walker  | -                            |   |                                      |                               |      |
| D              | ebtor 2                           | First Name           | Middle Name   | Last Name   |                              |   |                                      |                               |      |
|                | pouse, if filing)                 | First Name           | Middle Name   | Last Name   | -                            |   |                                      |                               |      |
| U              | nited States                      | Bankruptcy Court for | the : <u>NORTHERN</u> District of _                               |   |                              |   |                                      |                               |      |
|                | ase Number<br>f known)            |                      |   | (State)   |                              |   |                                      | Check if this i amended filin |      |
| Off            | icial F                           | orm 106G             |   |   |                              |   |                                      |                               |      |
| Scl            | nedule                            | G: Execute           | ory Contracts and   | Unexpired Lea   | ases                         |   |                                      |                               | 12/1 |
| 3e as<br>nfori | complete mation. If n             | and accurate as p    | possible. If two married people<br>ded, copy the additional page, | are filing together, bot<br>fill it out, number the e | th are equal<br>entries, and | ly responsible for su<br>attach it to this page | pplying correct<br>. On the top of a | iny                           |      |
| addit          | ional page                        | s, write your name   | e and case number (if known).                                     |   |                              |   |                                      |                               |      |
| 1. L           | _                                 | -                    | contracts or unexpired leases?                                    |   | ou have no                   | thing else to report on                         | this form                            |                               |      |
| [              | _                                 |                      | nation below even if the contrac                                  |   |                              |   |                                      |                               |      |
| -              | 100.11                            |                      | nation bolow even if the contract                                 |   | Conodaio                     | v.z. r roporty (emolar)                         | 1 01111 1007 12)                     |                               |      |
|                |                                   |                      | or company with whom you ha                                       |   |                              |   |                                      |                               |      |
|                | <b>xample, re</b><br>inexpired le |                      | cell phone). See the instruction                                  | is for this form in the inst                          | truction bool                | klet for more examples                          | s of executory co                    | ontracts and                  |      |
|                | Person or                         | company with wh      | nom you have the contract or le                                   | ease  |                              | State what the                                  | contract or lease                    | e is for                      |      |
| 2.1            | l                                 |                      |   |   |                              |   |                                      |                               |      |
| 2.1            | Name                              | <del> </del>         |   |   | _                            |   |                                      |                               |      |
|                | Number                            | Street               |   |   | _                            |   |                                      |                               |      |
|                | Number                            | Outcot               |   |   |                              |   |                                      |                               |      |
|                | City                              |                      | State Zip   | Code  |                              |   |                                      |                               |      |
| 2.2            |                                   |                      |   |   | _                            |   |                                      |                               |      |
|                | Name                              |                      |   |   |                              |   |                                      |                               |      |
|                | Number                            | Street               |   |   |                              |   |                                      |                               |      |
|                | City                              |                      | State Zip   | Code  | -                            |   |                                      |                               |      |
| 2.3            |                                   |                      |   |   |                              |   |                                      |                               |      |
|                | Name                              |                      |   |   | -                            |   |                                      |                               |      |
|                | Number                            | Street               |   |   | _                            |   |                                      |                               |      |
|                |                                   |                      |   |   | _                            |   |                                      |                               |      |
|                | City                              |                      | State Zip   | Code  |                              |   |                                      |                               |      |
| 2.4            |                                   |                      |   |   |                              |   |                                      |                               |      |
|                | Name                              |                      |   |   | _                            |   |                                      |                               |      |
|                | Number                            | Street               |   |   | _                            |   |                                      |                               |      |
|                |                                   |                      | 0.4.7   |   | _                            |   |                                      |                               |      |
|                | City                              |                      | State Zip   | Code  |                              |   |                                      |                               |      |
| 2.5            | J                                 |                      |   |   | _                            |   |                                      |                               |      |
|                | Name                              |                      |   |   | _                            |   |                                      |                               |      |
|                | Number                            | Street               |   |   |                              |   |                                      |                               |      |

State Zip Code

City

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| Fill in this in     | formation to identi  | ify your case:                      |           |
|---------------------|----------------------|-------------------------------------|-----------|
| Debtor 1            | Carolyn              | Denise                              | Walker    |
|                     | First Name           | Middle Name                         | Last Name |
| Debtor 2            |                      |                                     |           |
| (Spouse, if filing) | First Name           | Middle Name                         | Last Name |
| United States       | Bankruptcy Court for | the : <u>NORTHERN</u> District of _ |           |
| Case Number         | г                    |                                     | (State)   |
| (If known)          |                      |                                     |           |

# Official Form 106H

Schedule H: Your Codebtors 12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| any A       | dditional Pages, write your name ar   | nd case number (if known). Answ          | er every question.   |   |
|-------------|---|--|----------------------|---|
| 1. <b>D</b> | o you have any codebtors? (If you a   | re filing a joint case, do not list eith | ner spouse as a code | btor.)  |
|             | No.   |  |                      |   |
|             | Yes   |  |                      |   |
|             | lithin the last 8 years, have you liverizona, California, Idaho, Lousiiana, N |  | • ,                  | unity property states and territories include and Wisconsin.) |
|             | No. Go to line 3.   |  |                      |   |
|             | Yes. Did your spouse, former spo  | use, or legal equivalent live with yo    | ou at the time?      |   |
|             |   | e or territory did you live?             | Fill ir              | n the name and current address of that person.                |
|             | Name of your spouse, former spouse or   | legal equivalent                         |                      |   |
|             |   |  |                      |   |
|             | Number Street   |  |                      |   |
|             | City  | State                                    | Zip Code             |   |
| 3           | chedule E/F, or Schedule G to fill ou   | at Column 2.                             |                      | Column 2: The creditor to whom you owe the debt               |
|             |   |  |                      | Check all schedules that apply:                               |
| 3.1         |   |  |                      | Schedule D, line  |
|             | Name  |  |                      | Schedule E/F, line  |
|             | Number Street   |  |                      | Schedule G, line  |
|             | City  | State                                    | Zip Code             |   |
| 3.2         |   |  |                      | Schedule D, line  |
|             | Name  |  |                      | Schedule E/F, line  |
|             | Number Street   |  |                      | Schedule G, line  |
| _           | City  | State                                    | Zip Code             |   |
| 3.3         |   |  |                      | Schedule D, line  |
|             | Name  |  |                      | Schedule E/F, line  |
|             | Number Street   |  |                      | Schedule G, line  |
|             | City  | State                                    | Zip Code             |   |

|                     |                      |                                   | 21.71.71.71.11 |  |
|---------------------|----------------------|-----------------------------------|----------------|--|
| Fill in this in     | formation to ident   | ify your case:                    |                |  |
| Debtor 1            | Carolyn              | Denise                            | Walker         |  |
|                     | First Name           | Middle Name                       | Last Name      |  |
| Debtor 2            |                      |                                   |                |  |
| (Spouse, if filing) | First Name           | Middle Name                       | Last Name      |  |
| United States       | Bankruptcy Court for | the : <u>NORTHERN DISTRICT OF</u> | F ILLINOIS     |  |
| Case Number         | -                    |                                   |                |  |
| (If known)          |                      |                                   |                |  |
|                     |                      |                                   |                |  |

| Che | ck if this is:                              |
|-----|---|
|     | An amended filing                           |
|     | A supplement showing post-petition          |
|     | chapter 13 income as of the following date: |
|     |   |
|     | MM / DD / YYYY                              |

### Official Form 106I

#### **Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa   | ort 1: Describe Employment   |                          |                         |                               |                                   |  |  |  |  |  |
|--|--|--------------------------|-------------------------|-------------------------------|-----------------------------------|--|--|--|--|--|
| 1.   | Fill in your employment information  | Debtor 1                 |                         | Debtor 2 or non-filing spouse |                                   |  |  |  |  |  |
|  | If you have more than one job, attach a separate page with information about additional employers.   | Employment status        | X Employed Not employed |                               | Employed  Not employed            |  |  |  |  |  |
|  | Include part-time, seasonal, or self-employed work.  | Occupation               | Clerk                   |                               |                                   |  |  |  |  |  |
|  | Occupation may Include student or homemaker, if it applies.  | Employers name           | USPS                    |                               |                                   |  |  |  |  |  |
|  |  | Employers address        | 2825 Lone Oak Pa        | nrkway                        |                                   |  |  |  |  |  |
|  |  |                          | Eagan, MN 55121         |                               | 1                                 |  |  |  |  |  |
|  |  | How long employed there? | Since 1/1/1997          |                               |                                   |  |  |  |  |  |
|  |  | ,,                       | <u> </u>                |                               |                                   |  |  |  |  |  |
| Pa   | Give Details About Monthl  | -                        |                         |                               |                                   |  |  |  |  |  |
|  | Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. |                          |                         |                               |                                   |  |  |  |  |  |
|  | ,  |                          |                         |                               |                                   |  |  |  |  |  |
|  |  |                          |                         | For Debtor 1                  | For Debtor 2 or non-filing spouse |  |  |  |  |  |
| List monthly gross wages, salary and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would |  |                          | •                       | \$5,558.17                    | \$0.00                            |  |  |  |  |  |
| 3.   | 3. Estimate and list monthly overtime pay.   |                          |                         | \$0.00                        | \$0.00                            |  |  |  |  |  |
| 4. Calculate gross income. Add line 2 + line 3.  |  |                          |                         | \$5,558.17                    | \$0.00                            |  |  |  |  |  |
|  |  |                          |                         |                               |                                   |  |  |  |  |  |

 Official Form 106I
 Record # 759502
 Schedule I: Your Income
 Page 1 of 2

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Debtor 1 Carolyn Denise Document Walker Page 36 of 67
First Name Middle Name Last Name Page 36 of 67
Case Number (if known)

|   |  |   |               | For Debtor 1             |      | For Debtor 2 or non-filing spouse |     |            |
|---|--|---|---------------|--------------------------|------|-----------------------------------|-----|------------|
|   | Сору   | line 4 here   | 4.            | \$5,558.17               |      | \$0.00                            | ]   |            |
| 5. <b>Li</b> s  | st all   | payroll deductions:   |               |                          |      |                                   |     |            |
|   | 5a. <b>T</b>   | ax, Medicare, and Social Security deductions  | 5a.           | \$1,248.50               |      | \$0.00                            |     |            |
|   | 5b. <b>N</b>   | landatory contributions for retirement plans  | 5b.           | \$39.50                  |      | \$0.00                            |     |            |
|   | 5c. <b>V</b>   | oluntary contributions for retirement plans   | 5c.           | \$0.00                   |      | \$0.00                            |     |            |
|   | 5d. <b>F</b>   | lequired repayments of retirement fund loans  | 5d.           | \$0.00                   |      | \$0.00                            |     |            |
|   | 5e. lı   | nsurance  | 5e.           | \$197.30                 |      | \$0.00                            |     |            |
|   | 5f. <b>C</b>   | omestic support obligations   | 5f.           | \$0.00                   |      | \$0.00                            |     |            |
|   | 5g. <b>U</b>   | nion dues   | 5g.           | \$61.45                  |      | \$0.00                            |     |            |
|   | 5h. <b>C</b>   | Other deductions. Specify:  | 5h.           | \$0.00                   |      | \$0.00                            |     |            |
| 6. <b>Ad</b>  | d the  | <b>payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.  | 6.            | \$1,546.74               |      | \$0.00                            |     |            |
| 7. <b>Ca</b>  | lcula  | te total monthly take-home pay. Subtract line 6 from line 4.  | 7.            | \$4,011.43               | [    | \$0.00                            |     |            |
| 8. <b>Lis</b>   | t all o  | other income regularly received:  |               |                          | •    |                                   |     |            |
|   | 8a.  | Net income from rental property and from operating a business,  |               |                          |      |                                   |     |            |
|   |  | profession, or farm   |               |                          |      |                                   |     |            |
|   |  | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total |               |                          |      |                                   |     |            |
|   |  | monthly net income.   | 8a.           | \$0.00                   |      | \$0.00                            |     |            |
|   | 8b.  | Interest and dividends  | 8b.           | \$0.00                   |      | \$0.00                            |     |            |
|   | 8c.  | Family support payments that you, a non-filing spouse, or a   | 8c.           | \$ 0.00                  |      | \$ 0.00                           |     |            |
|   |  | dependent regularly receive   |               |                          | -    |                                   |     |            |
|   |  | Include alimony, spousal support, child support, maintenance, divorce   |               |                          |      |                                   |     |            |
|   |  | settlement, and property settlement.  |               |                          |      |                                   |     |            |
|   | 8d.  | Unemployment compensation   | 8d.           | \$0.00                   | _    | \$0.00                            |     |            |
|   | 8e.  | Social Security   | 8e.           | \$0.00                   |      | \$0.00                            |     |            |
|   | 8f.  | Other government assistance that you regularly receive  | 8f.           | \$0.00                   |      | \$0.00                            |     |            |
|   |  | Include cash assistance and the value (if known) of any non-cash  |               |                          |      |                                   |     |            |
|   |  | assistance that you receive, such as food stamps (benefits under the  |               |                          |      |                                   |     |            |
|   |  | Supplemental Nutrition Assistance Program) or housing subsidies.  |               |                          |      |                                   |     |            |
|   | 0  | Specify:  | •             | **                       |      |                                   |     |            |
|   | 8g.  | Pension or retirement income  | 8g.           | \$0.00                   | -    | \$0.00                            |     |            |
|   | 8h.  | Other monthly income. Specify:  | 8h.           | \$0.00                   | -    | \$0.00                            |     |            |
| 9.  | Add  | all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.            | \$0.00                   | -    | \$0.00                            |     |            |
| 10.   | Calc   | ulate monthly income. Add line 7 + line 9.  | 10.           | \$4,011.43               | + Г  | \$0.00                            | = Г | \$4,011.43 |
|   | Add  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |               | φ <del>4</del> ,011.43   | . r  | \$0.00                            | L   | \$4,U11.43 |
|   | <ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.     </li> </ol> |   |               |                          |      |                                   |     |            |
|   |  | ot include any amounts already included in lines 2-10 or amounts that are n   | not available | e to pay expenses listed | n Sc | hedule J.                         |     |            |
|   | Spec   | ify:  |               |                          |      |                                   | 11  | \$0.00     |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.                     |  |   |               |                          |      |                                   |     | 64.044.40  |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12.         |  |   |               |                          |      |                                   | 12. | \$4,011.43 |
| <ul> <li>Do you expect an increase or decrease within the year after you file this form?</li> <li>x No.</li> <li>Yes. Explain:</li> </ul> |  |   |               |                          |      |                                   |     |            |
|   |  |   |               |                          |      |                                   |     |            |

| Fill in this in                 | nformation to identify yo                         | ur case:  |   |   |   |                       |
|---------------------------------|---|---|---|---|---|-----------------------|
| Debtor 1                        | Carolyn   | Denise  | Walker  | Check if this is  | :   |                       |
|                                 | First Name  | Middle Name                                     | Last Name   | An ameno  | •   |                       |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name                                     | Last Name   | I —   | nent showing post<br>s of the following o | t-petition chapter 13 |
| United States                   | Bankruptcy Court for the : _                      | NORTHERN DISTRICT (                             | OF ILLINOIS   |   |   |                       |
| Case Number                     | r   |   | _   | MM / DD /   | YYYY                                      |                       |
|                                 |   |   |   | A separat   | e filing for Debtor                       | 2 because Debtor 2    |
| Official F                      | orm 106J  |   |   | maintains   | a separate house                          | ehold.                |
| Schedul                         | e J: Your Ex                                      | penses  |   |   |   | 12/15                 |
| =                               |   |   | <del>-</del> -                                      | are equally responsible for supply ages, write your name and case nu      | =   |                       |
| Part 1:                         | Describe Your Household                           |   |   |   |   |                       |
|                                 | Go to line 2.  Does Debtor 2 live in a s          | separate household?<br>t file a separate Schedu | le J.   |   |   |                       |
| 2. Do you l                     | have dependents?                                  | X No  |   | Dependent's relationship to   | Dependent's                               | Does dependent live   |
| Do not lis                      | st Debtor 1 and                                   |   | this information for                                | Debtor 1 or Debtor 2  | age                                       | with you?             |
|                                 |   | each depen                                      | dent  |   |   | Yes                   |
| names.                          | tate the dependents'                              |   |   |   |   | x No                  |
|                                 |   |   |   |   |   | Yes                   |
|                                 |   |   |   |   |   | X No                  |
|                                 |   |   |   |   |   | Yes                   |
|                                 |   |   |   |   |   | X No                  |
|                                 |   |   |   |   |   | Yes                   |
|                                 |   |   |   |   |   | X No                  |
| 2 <b>D</b> a wawa               | aveauaa inaliida                                  |   |   |   |   | Yes                   |
| expense                         | expenses include                                  | X No  |   |   |   |                       |
| yourself                        | and your dependents?                              | Yes   |   |   |   |                       |
|                                 | Estimate Your Ongoing Mo                          |   |   |   |   |                       |
| -                               | of a date after the bankru                        |   |   | m as a supplement in a Chapter 13<br>, check the box at the top of the fo | -   |                       |
|                                 | •   | _   | nce if you know the value Income (Official Form 106 |   | ,   | Your expenses         |
|                                 |   |   |   |   |   | •                     |
|                                 | tal or home ownership e<br>for the ground or lot. | expenses for your resid                         | ence. Include first mortgag                         | е раутентѕ апо  | 4.  | \$1,677.00            |
|                                 | cluded in line 4:                                 |   |   |   |   |                       |
| 4a. Re                          | eal estate taxes                                  |   |   |   | 4a.                                       | \$0.00                |
| 4b. Pro                         | operty, homeowner's, or                           | renter's insurance                              |   |   | 4b.                                       | \$0.00                |
| 4c. Ho                          | ome maintenance, repair,                          | and upkeep expenses                             |   |   | 4c.                                       | \$15.00               |
| 4d. Ho                          | omeowner's association o                          | or condominium dues                             |   |   | 4d.                                       | \$0.00                |

Schedule J: Your Expenses

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Carolyn Debtor 1

First Name

Denise

Middle Name

Document

Last Name

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Case Number (if known) \_\_

Your expenses \$0.00 5 Additional Mortgage payments for your residence, such as home equity loans 6. **Utilities:** \$275.00 6a. 6a. Electricity, heat, natural gas \$105.00 6b. Water, sewer, garbage collection \$180.00 Telephone, cell phone, internet, satellite, and cable service \$ 0.00 Other. Specify: 6d. \$400.00 7. 7. Food and housekeeping supplies \$0.00 8. 8. Childcare and children's education costs \$120.00 9. Clothing, laundry, and dry cleaning 10. \$35.00 10. Personal care products and services \$75.00 11. Medical and dental expenses 11. \$133.00 **Transportation.** Include gas, maintenance, bus or train fare. 12. Do not include car payments. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations 14. \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0.00 15a. 15a Life insurance \$0.00 15b. Health insurance 15b. \$60.00 15c. Vehicle insurance 15c. \$0.00 15d. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: \$0.00 17a. 17a. Car payments for Vehicle 1 \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. 17c. Other. Specify:\_ \$0.00 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted \$0.00 from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. \$ 0.00 20b. Real estate taxes \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. 20d. Maintenance, repair, and upkeep expenses \$ 0.00 20e 20e. Homeowner's association or condominium dues

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Case Number (if known)

| Deptor | 00101     | yii Denise  | vvalitoi                            | Case Number (if known) |               |            |
|--------|-----------|---|-------------------------------------|------------------------|---------------|------------|
|        | First Na  | me Middle Name  | Last Name                           |                        |               |            |
| 21.    | Other. S  | pecify: Postage/Bank Fees (\$5.00),                                 |                                     | _                      | 21.           | \$5.00     |
| 22     |           | nthly expense: Add lines 4 through 21. It is your monthly expenses. |                                     |                        | 22.           | \$3,080.00 |
|        |           |   |                                     |                        |               |            |
| 23.    | Calculate | e your monthly net income.  |                                     |                        |               |            |
|        | 23a.      | Copy line 12 (your comibined monthly in                             | ncome) from Schedule I.             |                        | 23a.          | \$4,011.43 |
|        | 23b.      | Copy your monthly expenses from line 2                              | 22 above.                           |                        | 23b. <b>–</b> | \$3,080.00 |
|        | 23c.      | Subtract your monthly expenses from your monthly net income.        | our monthly income.                 |                        | 23c.          | \$931.43   |
|        |           |   |                                     |                        |               |            |
|        |           |   |                                     |                        |               |            |
| 24.    | Do you e  | expect an increase or decrease in your ex                           | openses within the year after you   | file this form?        |               |            |
|        |           | nple, do you expect to finish paying for you                        |                                     |                        |               |            |
|        | mortgage  | e payment to increase or decrease becaus                            | e of a modification to the terms of | your mortgage?         |               |            |
|        | Yes       | . Explain Here:   |                                     |                        |               |            |
|        | _         |   |                                     |                        |               |            |
|        |           |   |                                     |                        |               |            |
|        |           |   |                                     |                        |               |            |
|        |           |   |                                     |                        |               |            |

 Official Form 106J
 Record #
 759502
 Schedule J: Your Expenses
 Page 3 of 3

### Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below  |   |
|---|---|
| Did you pay or agree to pay someone who is NOT ar | n attorney to help you fill out bankruptcy forms?   |
| No  |   |
| Yes. Name of Person                               | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|   |   |
|   |   |
|   |   |
|   | ne summary and schedules filed with this declaration and that they are true and               |
| correct.  |   |
| ✗ /s/ Carolyn Denise Walker                       | ×   |
| Signature of Debtor 1                             | Signature of Debtor 2   |
| Date 02/12/2018                                   | Date  |
| MM / DD / YYYY                                    | MM / DD / YYYY  |
|   |   |

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| Fill in this in           | formation to iden   |                                     |           |
|---------------------------|---------------------|-------------------------------------|-----------|
|                           | normation to luen   | my your case.                       |           |
| Debtor 1                  | Carolyn             | Denise                              | Walker    |
|                           | First Name          | Middle Name                         | Last Name |
| Debtor 2                  |                     |                                     |           |
| (Spouse, if filing)       | First Name          | Middle Name                         | Last Name |
| United States             | Bankruptcy Court fo | r the : <u>NORTHERN</u> District of | ILLINOIS  |
|                           |                     |                                     | (State)   |
| Case Number<br>(If known) | r                   |                                     | _         |
|                           |                     |                                     |           |

### Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| num | ber (if known). Answer every question.   |                        |             |                |
|-----|--|------------------------|-------------|----------------|
| F   | ar. 11 Give Details About Your Marital Status and Where Yo   | ou Lived Before        |             |                |
| 01. | What is your current marital status?   |                        |             |                |
|     | Married  |                        |             |                |
|     | Not married  |                        |             |                |
|     | _  |                        |             |                |
| 02  | During the last 3 years, have you lived anywhere other tha   | n where you live now   | 1?          |                |
|     | No.  |                        | the many    |                |
|     | Yes. List all of the places you lived in the last 3 years. Do  | o not include where yo | u live now. |                |
|     | Debtor 1   | Dates Debtor 1         | Debtor 2:   | Dates Debtor 2 |
|     |  | lived there            |             | lived there    |
| 03  | Within the last 8 years, did you ever live with a spouse or l property states and territories include Arizona, California, and Wisconsin.) |                        |             |                |
|     | No.  |                        |             |                |
|     | Yes. Make sure you fill out Schedule H: Your Codebtors (   | (Official Form 106H).  |             |                |
|     |  |                        |             |                |
| F   | Explain the Sources of Your Income   |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |
|     |  |                        |             |                |

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Debtor 1 Carolyn Denise Walker Case Number (if known) First Name Middle Name Last Name 04 Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply (before deductions and Check all that apply (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions, \$5,535 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business Wages, commissions, Wages, commissions, \$66,699 For last calendar year: bonuses, tips bonuses, tips (January 1 to December 31, 2017) Operating a business Operating a business Wages, commissions, \$64,502 Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips (January 1 to December 31, 2016) Operating a business Operating a business 05 Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Describe below. (before deductions and Describe below. (before deductions and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

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| Debtor 1    | Carolyn  | Denise   | Walker                | _                         | Case Number (if known)       |                          |
|-------------|--|--|-----------------------|---------------------------|------------------------------|--------------------------|
|             | First Name   | Middle Name  | Last Name             |                           |                              |                          |
| 06 <b>A</b> | re either Debtor 1's o   | or Debtor 2's debts primarily cor  | sumer debts?          |                           |                              |                          |
| Г           | No Neither Debto   | r 1 nor Debtor 2 has primarily co  | neumar dahte Co       | onsumer debts are defi    | ned in 11 U.S.C. & 101(8).   | as                       |
| -           | -  | n individual primarily for a persona                                       |                       |                           | ned iii 11 0.3.0. § 101(0)   | as                       |
|             | •  | days before you filed for bankrup  | •                     |                           | 425* or more?                |                          |
|             | ☐ No. Go to  | line 7.  |                       |                           |                              |                          |
|             | Yes. List I  | pelow each creditor to whom you  | paid a total of \$6,4 | 25* or more in one or r   | more payments and the        |                          |
|             | total amou   | unt you paid that creditor. Do not   | include payments      | for domestic support ob   | oligations, such as          |                          |
|             | child supp   | oort and alimony. Also, do not incl  | ude payments to a     | in attorney for this bank | ruptcy case.                 |                          |
|             | * Subject to adjust  | ment on 4/01/19 and every 3 year   | s after that for cas  | es filed on or after the  | date of adjustment.          |                          |
|             | Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.                                       |  |                       |                           |                              |                          |
|             | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? |  |                       |                           |                              |                          |
|             | ☐ No. Go to  | line 7.  |                       |                           |                              |                          |
|             | Yes. List I  | pelow each creditor to whom you  | paid a total of \$60  | 0 or more and the total   | amount you paid that         |                          |
|             | creditor. D  | o not include payments for dome  | stic support obliga   | tions, such as child sup  | oport and                    |                          |
|             | alimony. A   | Also, do not include payments to a   | an attorney for this  | bankruptcy case.          |                              |                          |
|             |  |  |                       |                           |                              |                          |
|             |  |  | Dates of payments     | Total amount paid         | Amount you still             | owe Was this payment for |
|             |  |  | paymonto              |                           |                              |                          |
|             | Ocwe   | n LOAN Servicing L 12650   | Monthly               | \$5,031                   | \$178,136                    | Mortgage                 |
|             |  | uity Dr Orlando FL 32826   | Wieriuny              | Ψ0,001                    |                              | Car                      |
|             | _mgen  | uity Bi Oliando i E 02020  |                       |                           |                              | ☐ Credit card            |
|             |  |  |                       |                           |                              | Loan repayment           |
|             |  |  |                       |                           |                              | Suppliers or vendors     |
|             |  |  |                       |                           |                              | Other                    |
|             |  |  |                       |                           |                              |                          |
|             |  |  |                       |                           |                              |                          |
|             |  |  |                       |                           |                              |                          |
|             |  | u filed for bankruptcy, did you ma<br>elatives; any general partners; rela |                       |                           |                              | ral nartner              |
| cc          | orporations of which y   | ou are an officer, director, person  | in control, or own    | er of 20% or more of th   | eir voting securities; and a | ny managing              |
|             | gent, including one for<br>uch as child support a  | r a business you operate as a solo   | e proprietor. 11 U.   | S.C. § 101. Include pay   | ments for domestic suppo     | rt obligations,          |
| _           | -  | nd difficity.  |                       |                           |                              |                          |
|             | No. Yes. List all payme  | nts to an insider  |                       |                           |                              |                          |
| -           | Tes. List all paymen   | nts to air insider.  | Dates of              | Total amount              | Amount you still             | Reason for this payment  |
|             |  |  | payment               | paid                      | owe                          |                          |
|             |  |  |                       |                           |                              |                          |
|             | rithin 1 year before yo<br>n insider?  | u filed for bankruptcy, did you ma   | ike any payments      | or transfer any property  | on account of a debt that    | benefited                |
| In          | clude payments on de   | ebts guaranteed or cosigned by a   | n insider.            |                           |                              |                          |
|             | No.  |  |                       |                           |                              |                          |
|             | Yes. List all payme  | nts to an insider.   |                       |                           |                              |                          |
|             |  |  | Dates of              | Total amount              | Amount you still             | Reason for this payment  |
|             |  |  | payment               | paid                      | owe                          | Include creditor's name  |
| Part        | 4: Identify Legal  | actions, Repossessions, and Forec  | losures               |                           |                              |                          |
|             |  |  |                       |                           |                              |                          |
|             |  |  |                       |                           |                              |                          |
|             |  |  |                       |                           |                              |                          |

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| Debto | r 1               | Carolyn                          | Denise  | Walker                                | Case Number (if kno  | own)                     |   |
|-------|-------------------|----------------------------------|---|---------------------------------------|--|--------------------------|---|
|       |                   | First Name                       | Middle Name   | Last Name                             |  |                          |   |
| 09    | List              |                                  | ding personal injury cases, s                             |                                       | action, or administrative proceeding collection suits, paternity actions, st |                          |   |
|       |                   | No.                              |   |                                       |  |                          |   |
|       | $\overline{\Box}$ | Yes. Fill in the details.        |   |                                       |  |                          |   |
|       |                   |                                  |   | Nature of the case                    | Court or agency  |                          | Status of the case                          |
| 10    | Che               | eck all that apply and fil       |   | of your property repossessed          | , foreclosed, garnished, attached, se  | eized, or levied?        |   |
|       | =                 | No. Go to line 11                |   |                                       |  |                          |   |
|       | П                 | Yes. Fill in the informa         | tion below.   |                                       |  |                          |   |
| 11    |                   |                                  | u filed for bankruptcy, did a<br>ent because you owed a d | -                                     | k or financial institution, set off an                                       | / amounts from y         | our accounts                                |
|       |                   | No. Go to line 11                |   |                                       |  |                          |   |
|       |                   | Yes. Fill in the informa         | tion below.   |                                       |  |                          |   |
|       |                   | -                                | filed for bankruptcy, was a<br>a custodian, or another of |                                       | ssession of an assignee for the be   | nefit of creditors,      | a   |
|       | <u> </u>          |                                  | ·   |                                       |  |                          |   |
|       | □ \               | Yes.                             |   |                                       |  |                          |   |
| P     | art 5             | List Certain Gifts               | and Contributions   |                                       |  |                          |   |
|       |                   |                                  | ı filed for bankruptcy, did v                             | ou give any gifts with a total        | value of more than \$600 per perso   | on?                      |   |
|       | _                 | No.                              |   | , , , , , , , , , , , , , , , , , , , |  |                          |   |
|       | =                 | Yes. Fill in the details t       | for each gift   |                                       |  |                          |   |
| 14    | _                 |                                  | <del>-</del>  | ou give any gifts or contribu         | tions with a total value of more tha   | in \$600 to any ch       | arity?                                      |
|       | _                 |                                  | i mou for build uptoy, and y                              | ou give any gine or continu           | tione with a total value of more the   | in quot to any one       |   |
|       | _                 | No.                              |   |                                       |  |                          |   |
|       | Ш                 | Yes. Fill in the details t       | for each giπ.   |                                       |  |                          |   |
|       | - 4.0             | List Certain Losse               | ne.   |                                       |  |                          |   |
|       | art 6:            | List Gertain 20330               |   |                                       |  |                          |   |
| 15    |                   | hin 1 year before you<br>nbling? | filed for bankruptcy or sind                              | e you filed for bankruptcy, d         | id you lose anything because of th   | eft, fire, other dis     | saster, or                                  |
|       |                   | No.                              |   |                                       |  |                          |   |
|       |                   | Yes. Fill in the details t       | for each gift.  |                                       |  |                          |   |
|       |                   |                                  |   |                                       |  |                          |   |
| P     | art 7             | List Certain Paym                | ents or Transfers   |                                       |  |                          |   |
| 16    | con               | sulted about seeking             | bankruptcy or preparing a                                 | bankruptcy petition?                  | our behalf pay or transfer any prop<br>ies for services required in your b   |                          | ou  |
|       |                   | No.                              |   |                                       |  |                          |   |
|       |                   | Yes. Fill in the details         |   |                                       |  |                          |   |
|       |                   | Party Contact Info               |   | Description and value of a            | ny property transferred  | Date payment or transfer | Amount of payment                           |
|       |                   | Geraci Law L.L.C.                |   |                                       |  |                          | Payment/Value:                              |
|       |                   | 55 E. Monroe Street              | #3400   |                                       |  |                          | \$4,000.00: \$0.00<br>paid prior to filing, |
|       |                   | Chicago,IL 60603                 |   |                                       |  |                          | balance to be paid                          |
|       |                   |                                  |   |                                       |  |                          | through the plan.                           |
|       |                   |                                  |   |                                       |  |                          |   |
|       |                   |                                  |   |                                       |  |                          |   |
|       |                   |                                  |   |                                       |  |                          |   |
|       |                   |                                  |   |                                       |  |                          |   |
|       |                   |                                  |   |                                       |  |                          |   |

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Page 45 of 67 Document Carolyn Denise Walker Case Number (if known) Debtor 1 First Name Middle Name Last Name **Party Contact Info** Description and value of any property transferred Date payment Amount of payment or transfer Credit Counseling Services Hananwill Credit Counseling 2018 \$25.00 115 N. Cross St Robinson, IL 62454 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. 18 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details for each gift. 19 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details for each gift. List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before closed, sold, moved, instrument closing or transfer or transferred Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No. Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? 22 Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Who else has or had access to it? Describe the contents Do you still **Identify Property You Hold or Control for Someone Else** 

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| Debtor      | 1 Carolyn   | Denise   | Walker                                | Case Number (if known)                       |                    |  |
|-------------|---|--|---------------------------------------|--|--------------------|--|
|             | First Name  | Middle Name  | Last Name                             |  |                    |  |
|             | Oo you hold or cont<br>for someone.   | rol any property that someon                                   | e else owns? Include any propert      | y you borrowed from, are storing for, or ho  | ld in trust        |  |
| l           | No.   |  |                                       |  |                    |  |
| [           | Yes. Fill in the de   | etails.  |                                       |  |                    |  |
|             |   | Whe  | re is the property?                   | Describe the property                        | Value              |  |
| Par         | Give Details  | About Environmental Informati                                  | on                                    |  |                    |  |
| For ti      | he purpose of Part  | 10, the following definitions a                                | pply:                                 |  |                    |  |
| h           | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                                       |  |                    |  |
|             | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.  |  |                                       |  |                    |  |
|             |   | means anything an environme<br>is material, pollutant, contami |                                       | vaste, hazardous substance, toxic            |                    |  |
| Repo        | ort all notices, releas   | ses, and proceedings that you                                  | u know about, regardless of when      | they occurred.                               |                    |  |
| 24 F        | Has any governmen   | ital unit notified you that you                                | may be liable or potentially liable   | under or in violation of an environmental la | ıw?                |  |
|             | No.   |  |                                       |  |                    |  |
| Ī           | Yes. Fill in the de   | etails.  |                                       |  |                    |  |
|             | _   | Gove   | ernmental unit                        | Environmental law, if you know it            | Date of notice     |  |
| 25 <b>F</b> | lave vou notified ar  | ny governmental unit of any r                                  | elease of hazardous material?         |  |                    |  |
|             | No.   | ., 5,  |                                       |  |                    |  |
|             | Yes. Fill in the de   | etails   |                                       |  |                    |  |
| ۱ ۱         | 1 cs. 1 iii iii tile de   |  | ernmental unit                        | Environmental law, if you know it            | Date of notice     |  |
|             |   |  |                                       |  |                    |  |
| 26 F        | -lave you been a pai<br>  | rty in any judicial or administ                                | rative proceeding under any envir     | onmental law? Include settlements and ord    | lers.              |  |
| !           | No.   |  |                                       |  |                    |  |
| 1           | Yes. Fill in the de   |  | rt or agency                          | Nature of the case                           | Status of the case |  |
|             |   | Odu  | t or agency                           | reacure of the case                          | Otatus of the case |  |
| Part        | Give Details  | About Your Business or Connec                                  | ctions to Any Business                |  |                    |  |
| 27 <b>y</b> | Within 4 years befor  | re you filed for bankruptcy, di                                | d you own a business or have any      | of the following connections to any busin    | ess?               |  |
|             | A sole propri   | ietor or self-employed in a tra                                | de, profession, or other activity, e  | ither full-time or part-time                 |                    |  |
|             | A member of   | a limited liability company (L                                 | .LC) or limited liability partnership | (LLP)  |                    |  |
|             | A partner in a  | a partnership  |                                       |  |                    |  |
|             | An officer, di  | rector, or managing executive                                  | e of a corporation                    |  |                    |  |
|             | An owner of   | at least 5% of the voting or ed                                | quity securities of a corporation     |  |                    |  |
| ١.          | No. None of the a   | above applies. Go to Part 12.                                  |                                       |  |                    |  |
| ;           |   | at apply above and fill in the de                              | etails below for each business.       |  |                    |  |
| '           | _   | ,  |                                       |  |                    |  |
|             | Within 2 years befor<br>nstitutions, creditor   |  | d you give a financial statement to   | o anyone about your business? Include all    | financial          |  |
|             | No.   |  |                                       |  |                    |  |
| [           | Yes. Fill in the de   | etails.  |                                       |  |                    |  |
|             |   | Date i   | ssued                                 |  |                    |  |
|             |   |  |                                       |  |                    |  |
|             |   |  |                                       |  |                    |  |
|             |   |  |                                       |  |                    |  |
|             |   |  |                                       |  |                    |  |

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| Fait 12. Sign Below                                    |   |
|--|---|
| answers are true and correct. I understand that making | I Affairs and any attachments, and I declare under penalty of perjury that the g a false statement, concealing property, or obtaining money or property by fraud es up to \$250,000, or imprisonment for up to 20 years, or both. |
| ✗ /s/ Carolyn Denise Walker                            | ×   |
| Signature of Debtor 1                                  | Signature of Debtor 2   |
| Date 02/12/2018<br>MM / DD / YYYY                      | Date  |
| Did you attach additional pages to Your Statement of I | Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?  |
| No   |   |
| Yes  |   |
| Did you pay or agree to pay someone who is not an at   | torney to help you fill out bankruptcy forms?   |
| No   |   |
| Yes. Name of person                                    | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119).  |
|  |   |

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

| In   | re  |                            |                       |  |                   |                   |              |                     |           |
|--|---|----------------------------|-----------------------|--|-------------------|-------------------|--------------|---------------------|-----------|
| Ca   | rolyn Denis   | e Walker                   | / Debtor              |  |                   |                   | Case No:     |                     |           |
|  |   |                            |                       |  |                   |                   | Chapter:     | Chapter 13          |           |
|  |   |                            | DISCLO                | OSURE OF COME  | PENSATION O       | F ATTORNEY        | FOR DEF      | BTOR                |           |
|  | npensation p  | paid to me                 | within one year bef   | Bankr. P. 2016(b), fore the filing of the lebtor(s) in contemple | petition in bank  | cruptcy, or agree | d to be paid | d to me, for servi  | ces       |
|  | For legal   | services, I                | have agreed to acce   | ept  | \$4,000.00        |                   |              |                     |           |
| Prior to the filing of this statement I have received \$0.00 |   |                            |                       |  |                   |                   |              |                     |           |
|  | Balance I   | Due                        |                       |  | \$4,000.00        |                   |              |                     |           |
| 2.   | The sourc   | e of the co                | mpensation paid to    | me was:  |                   |                   |              |                     |           |
|  | Deb   | otor(s)                    | Other: (sp            | ecify)   |                   |                   |              |                     |           |
| 3.   | The sourc   | e of compe                 | ensation to be paid t | o me is:   |                   |                   |              |                     |           |
|  | De  | btor(s)                    | Other: (sp            | ecify)   |                   |                   |              |                     |           |
| 4.   |   | e not agree<br>y law firm. |                       | e-disclosed compen   | sation with any   | other person un   | less they ar | re members and a    | ssociates |
|  |   | y law firm.                |                       | sclosed compensation   |                   |                   |              |                     |           |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |                            |                       |  |                   |                   |              |                     |           |
|  |   |                            | debtor' s financial s | ituation, and render   | ing advice to the | e debtor in deter | mining wh    | ether to file a pet | ition in  |
|  |   | ruptcy;                    | C1: C                 |  |                   |                   | 1            | t 4.                |           |
|  | _   |                            |                       | on, schedules, stater  |                   | -                 |              |                     | ma a fi   |
|  | c. Kepi   | esentation (               | of the debtor at the  | meeting of creditors   | s and comminan    | ion nearing, and  | any aujour   | ned nearings thei   | eo1,      |
| 6.   | By agreen   | nent with th               | ne debtor(s), the abo | ove-disclosed fee do   | es not include t  | he following ser  | vice:        |                     |           |
|  |   |                            |                       |  |                   |                   |              |                     |           |
|  |   |                            |                       |  | RTIFICATION       |                   |              |                     |           |
|  |   |                            |                       | ng is a complete station of the debtor(                          | •                 | ~                 | •            | or                  |           |
|  |   | Date:                      | 02/12/2018            | /s/  | Adam Emil Su      | ıchy              |              |                     |           |
|  |   | Date                       |                       | Si   | gnature of Attor  | ney               | _            |                     |           |
|  |   |                            |                       | C  | Geraci Law L.L.   | C                 |              |                     |           |

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Name of law firm

## Case 18-03807 Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main STACLES BANKS LUST COURT

### NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

### (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.



- 3. Personally review with the debtor and significant the completed pertition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor bust perminctual and in the debtor that the debtor bust perminctual and in the debtor that the both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307 (a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.



# Case 18-03807 Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main TERMINATION OR CONVERSIONIOF PHOEOSYSTE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows: purpose: provide some money for attorney without waiting 6 months. Advantage to debtor: costs client less by reducing administrative expense and encouraging efficiency rather than charging by hour and submitting bills.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;



- (d) Case 18-03807. Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Any portion of the retainer that is motivated agree of the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank]



## F. Case 18 03807 Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Document TORGE SAND EXPENSES

| 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$ 4,000.00  |
|---|
| 2. In addition, the debtor will pay the filing fee in the case and other expenses of $$310.00$  |
| 3. Before signing this agreement, the attorney has received ,\$0  |
| toward the flat fee, leaving a balance due of \$ 4,000 ; and \$ 310 for expenses  |
| leaving a balance due for the filing fee of \$  |
| 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object. |
| Date:   |
| Signed:   |

Attorney for the Debtor(s)



Co-Debtor(s)

Do not sign this agreement if the amounts are blank.

Case 18-03807 National Heatiguage

Description of the party of the

Desc Main

Date: 1/25/2018

Consultation Attorney: ADD

Record #: 759-502

**Attorney Retainer Agreement Chapter 13** The undersigned hires Geraci Law L.L.C. for representation in a Chapter 13 bankruptcy. I have signed and received a copy of any "Court Approved Retention Agreement" (CARA) or "Rights and Responsibilities" (RR) between Chapter 13 Debtors and their Attorneys" Any terms that conflict with it are null and void. I agree to comply with those terms. Attorney fees for filed Chapter 13 Bankruptcy shall be \$ the CARA or RR if applicable. I have been advised of my Chapter 7 alternative and choose to file Chapter 13 instead even though it usually costs more. or the fee stated in More than 1 attorney or paralegal will work on my case. I will use CLIENT CORNER and read all material on it and the Geraci Law Website. \_ FEES: This does NOT INCLUDE court filing cost of \$310, credit counseling or financial management classes. Any amount not paid by me prior to the case being filed shall be paid ahead of creditors through the Chapter 13 Trustee. The CARA fee is a flat fee, but my attorneys may apply to the court for additional fees based on the following hourly rates: Attorney-\$275/hr; Senior Attorney-\$375/hr; Supervising Attorney-\$450/hr; Paralegal-\$85/hr; Senior Paralegal-\$150/hr. if allowed by the CARA or court order, such as excessive work, motions, evidentiary hearings, adversary proceedings or appeals. Fees are "flat fees" and "advance payment retainers" for pre-filing and pre-confirmation work, become property of this firm on payment, and are deposited into the firm's operating account. I can choose to pay on an hourly basis, but flat fee usually results in me paying less. Payments are applied to the "flat fee". If this contract is terminated by either party prior to the filing of the case, we will refund unearned fees. If I close my file, my case is dismissed or breach this contract I agree to pay for the work done. In Wisconsin, I can submit fee disputes to binding arbitration within 30 days with the Wisconsin Lawyers fund for Client Protection(c/o State Bar of Wisconsin, P.O. Box 7158, Madison, WI 53707-7158) I assign to my attorney all amounts tendered as filing fees or court costs and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me if case is not filed. Attorney fees and costs get paid before my creditors before mortgage arrears, and vehicles scheduled to be paid in the plan, start getting paid. Vehicles may be scheduled to get a small payment to cover depreciation each month, like \$15-100, until attorney fees are paid, then the vehicle gets larger payments, so the vehicle is paid in about the same time as it would be if the attorney fees were not first. RESULT: if I fail to complete the plan, I may, end up/paying my attorney but not as much on my vehicle and mortgage arrears and other creditors, so I will to do my best to complete the plan. Injury or other claims or property I now have or acquire after filing Chapter 13, I must disclose to Geraci law and the Chapter 13 trustee and to the Bankruptcy Court and my creditors, in a filed amendment and obtain authority to keep them or pay those claims to the Trustee. PLAN: My estimated payment is \$ 105 per month for 60 months based on the information I have provided, including income, expenses, assets and debts. The payment or length may need to be increased for all or part of the plan term. The Court, Chapter 13 Trustee or creditors could object to my proposed Chapter 13 payment, which may cause it to increase. I agree to read my petition and plan and study it before signing it so I know what is included, INCLUDING what debts, assets property and exemptions I am claiming, and to make full disclosure to every question TAX REFUNDS or other income during plan: I will send my IRS and state tax returns to my attorney or the Trustee each year. I will turn over refunds, additional income or assets to the Trustee unless I am already paying my creditors 100%. If my income or expenses change, my plan payment may have to change. If I am eligible to receive a tax refund during my Chapter 13, I may have to send it to the Chapter 13 Trustee unless I am specifically advised that I do not need to. If I receive any significant sums of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I MUST notify my attorney immediately and I may have to pay some or all of the funds into/my Chapter 13 plan. I will make sure if I get INJURED or get A CLAIM after filing I WILL DISCLOSE IT BY AMENDING MY CASE Plan payment includes all debts I list, unless plan states otherwise: I may be paying some creditors directly. My plan payment does NOT include include future mortgage, rent, condo fees and support payments; criminal fines/court fees; rent/lease arrears; student loan principal and interest unless 100% planned to unsecured creditors, sold property taxes; debts incurred after the case is filed, including any taxes or HOA fees as long as the property is in/my name, other Student loans: are usually NEVER paid 100% in a Chapter 13, so my student loans will CONTINUE to accrue interest, and if I don't pay them directly they will be even larger at the end of the plan, so I have been told about this and I will deal with my student loans myself directly Debts not discharged if not paid in full: student loans; educational debts; tax debt interest; unfiled or late filed tax debts; undisclosed debts; support/maintenance debts; debts incurred by fraud, or debts listed in your red folder or found non-dischargeable by a Judge. Our Representation is limited to Bankruptcy Court until Discharge or case closing of this bankruptcy. We do not represent you in state court, or in loan modifications, short sales, etc. Any delay in filing could result in judgments or liens we can't eliminate in bankrupcy. When this case is closed by the Clerk or you receive a discharge, whichever is first, our representation of you ends. Changes after this: I cannot transfer any property or incur any credit or debt without the express permission of my attorney or the Court and famust make full disclosure of all income, expenses, debts and assets in my initial consultation and on my bankruptcy petition. No Discharge If I fail to remain current in a domestic support obligation (DSO), or fail to certify to the Court that I have remained current in DSO primortgage payments, or if I fail to take my financial management class. I have received the 11 U.S.C § 527(a) disclosures on a separate sheet. Carolyn Walker (Debtor) (Joint Debtor) 1-25-2018 Attorney for the Debtor(s) Representing Geraci Law L.L.C. rev 171129

Case 18-03807 Doc 1 Filed 02/12/18 Entered 02/12/18 17:08:51 Desc Main Document Page 56 of 67 CHAPTER 13 PLAN ACKNOWLEDGMENT

| l,        | Carolyn W   | -/kv  | , hereby ackno   | wledge that I have revi                                | ewed my                    |
|-----------|---|---|--|--|----------------------------|
| The total | al amount to be paid to months. This amo                                | ey, and the following are<br>the Trustee is estimated<br>unt may change depend<br>tired to turn over some o                                       | to be \$S. ling on the claims filed, a   | will pay \$ <u>USU</u> per l                           | month for at<br>m required |
|           | ·   | is follows:   |  |  |                            |
| -         | cludes:   | is follows.   |  |  |                            |
|           |   |   |  |  |                            |
|           |   | ebts:   |  |  |                            |
| 3.        | Tax debt of \$  | Support debt of   | of \$ Mo   | ortgage arrears of \$                                  |                            |
| 4.        | Other:  |   |  |  |                            |
| Mortga    | ges are provided for a  | s follows:  |  |  |                            |
| U M       | Paid direct to the cre  | ditor every month   | Included in my plar  | n payment  | N/A                        |
| All of r  | ny debts are <del>being pa</del>  | id in my Chapter 13 ex  | cept the following that  | l am paying direct:                                    |                            |
| ·         | The following veh   | cle(s):   |  |  |                            |
|           | My student loans  | PAYING  | IN DEFERME   | ENT N/A  | <b>.</b>                   |
|           | Other:  |   |  |  |                            |
| OTHE      | R TERMS   |   |  |  |                            |
| have b    | een paid as much as the ral if my case is the ral if my case is dismiss | my attorneys' fees will be dismissed or converted be may have otherwise led or converted.  It is payments start with led and send it to the Tree. | peen paid, which may property of the paid, which may property of the paycheck after fi | event me from keeping                                  | the                        |
| Λħ        | <i>'</i>  | ustee any non-exempt p  |  | ny cause of action                                     |                            |
| 0.        | M I will notify my atte   | orneys if I am injured, harwise become entitled to  | ive the right to sue anyo  | ne for any reason, win                                 | the lottery,<br>tcy.       |
|           |   | up for client corner and t  |  |  |                            |
|           | I <u>will</u> notify my att   | orneys if I move, change  | my phone number or c   | hange or lose my job.                                  |                            |
| the Tri   | / I <u>must</u> provide my<br><u>ustee unless my attorne</u>            | attorneys copies of my specifically informs me  | tax returns every year, a in writing that I am not                                     | and <u>will turn over my ta.</u><br>required to do so. | x refund to                |
| Other:    |   |   |  |  | <del></del>                |
|           |   | (   |  |  |                            |
| x_(       | Quopil l  | allex   | 117  | Date: <u> </u>   | 1/2018                     |
|           | For G   | eraci Law: X  |  | Date:  | 2/2018<br>2-2018           |

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

| Carolyn Denise Walker / Debtor | Bankruptcy Docket #: |
|--------------------------------|----------------------|
|                                | Judge:               |

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Dated: 02/12/2018 /s/ Carolyn Denise Walker

**Carolyn Denise Walker** 

X Date & Sign

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<sup>\*</sup> Joint debtors must provide information for both spouses. Penalty for making a false statement or concealing property: Fine up to \$500,000 or up to 5 years imprisonment or both. 18 U.S.C. 152 and 3571.

### UNITED STATES BANKRUPTCY COURT

## NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly- addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

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Form B 201A, Notice to Consumer Debtor(s)

In re Carolyn Denise Walker / Debtor

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found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

| Dated: 02/12/2018 | /s/ Carolyn Denise Walker |   |
|-------------------|---------------------------|---|
|                   | Carolyn Denise Walker     | _ |
| Dated: 02/12/2018 | /s/ Adam Emil Suchy       |   |
|                   | Attorney: Adam Emil Suchy | _ |

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| Debtor 1   | Carolyn   | Denise V  | Valker  | Case Number (if known   | 7)  |  |  |
|--|---|---|---|---|---|--|--|
|  | First Name  | Middle Name Li  | ast Name  |   |   |  |  |
| Part 6:  | Answer These Question   | s for Reporting Purposes  |   |   |   |  |  |
| 16. <b>W</b>   | hat kind of debts do  | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."   |   |   |   |  |  |
| yo   | ou have?  | No. Go to line 16<br>Yes. Go to line 1  |   |   |   |  |  |
|  |   | 16b. Are your debts pri<br>money for a business   | marily business debt<br>or investment or through      | s? Business debts are debts that a the operation of the business or         | you incurred to obtain investment.                                |  |  |
|  |   | No. Go to line 16 Yes. Go to line 1   |   |   |   |  |  |
|  |   | 16c. State the type of debt   | s you owe that are not c                              | onsumer debts or business debts.  | _   |  |  |
|  | re you filing under   | No. I am not filing u   | nder Chapter 7. Go to lii                             | ne 18.  |   |  |  |
|  | o you estimate that after   | Yes. I am filing unde administrative e  | r Chapter 7. Do you esti                              | mate that after any exempt proper<br>nds will be available to distribute t  | rty is excluded and oursecured creditors?                         |  |  |
| а  | ny exempt property is xcluded and   | <b>∏</b> No.  |   |   |   |  |  |
| а  | dministrative expenses  | Yes.  |   |   |   |  |  |
| a  | re paid that funds will be<br>vailable for distribution<br>o unsecured creditors? |   |   |   |   |  |  |
|  | low many creditors do   | ■ 1-49<br>■ 50.00   | ☐ 1,000<br>☐ 5,001                                    |   | ☐ 25,001-50,000<br>☐ 50,001-100,000                               |  |  |
| -  | ou estimate that you<br>we?   | ☐ 50-99<br>☐ 100-199<br>☐ 200-999   | == :  | 1-25,000  | ☐ More than 100,000   |  |  |
| 19. <b>H</b>   | low much do you   | \$0-\$50,000  | □ \$1,00  | 0,001-\$10 million  | □\$500,000,001-\$1 billion  |  |  |
|  | stimate your assets to  | \$50,001-\$100,000  | = '   | 00,001-\$50 million<br>100,001-\$100 million                                | ☐\$1,000,000,001-\$10 billion<br>☐\$10,000,000,001-\$50 billion   |  |  |
| L  | ie wordt r  | \$100,001-\$500,000<br>\$500,001-\$1 million  |   | 000,001-\$500 million   | ☐More than \$50 billion   |  |  |
|  | low much do you   | \$0-\$50,000  |   | 00,001-\$10 million   | \$500,000,001-\$1 billion   |  |  |
|  | estimate your liabilities<br>o be?  | \$50,001-\$100,000<br>\$100,001-\$500,000   |   | 000,001-\$50 million<br>000,001-\$100 million                               | ☐ \$1,000,000,001-\$10 billion<br>☐ \$10,000,000,001-\$50 billion |  |  |
|  | O DC.   | \$500,001-\$1 million   |   | ,000,001-\$500 million  | ☐ More than \$50 billion  |  |  |
| Part   | 7: Sign Below   |   |   |   |   |  |  |
| For you  |   | I have examined this petiti correct.  | on, and I declare under                               | penalty of perjury that the informat  | ion provided is true and  |  |  |
|  |   | If I have chosen to file und of title 11, United States Cunder Chapter 7.   | ler Chapter 7, I am awar<br>lode. I understand the re | e that I may proceed, if eligible, un<br>lief available under each chapter, | nder Chapter 7, 11,12, or 13<br>and I choose to proceed           |  |  |
|  |   |   |   | gree to pay someone who is not a required by 11 U.S.C. § 342(b).            | n attorney to help me fill out                                    |  |  |
| **************************************   |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  |   |   |   |  |  |
|  |   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  18 U.S.C. §§ 152, 1341, 1519, and 3571. |   |   |   |  |  |
| CONTROL BETWEEN CONTROL CONTRO |   | Signature of Debtor   | Ju Wa   | Signature   | of Debtor 2   |  |  |
| ***************************************  |   | Executed on :   | // /2018  | Executed  | on  |  |  |

Record # 759502

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| Debtor 1         Carolyn         Denise         Walker           First Name         Middle Name         Last Name           Debtor 2<br>(Spouse, if filing)         First Name         Middle Name           United States Bankruptcy Court for the :         NORTHERN         District of ILLINOIS (State) | Fill in this in | formation to identif | y your case:                     |           |  |
|---|-----------------|----------------------|----------------------------------|-----------|--|
| (Spouse, if filing) First Name Middle Name Last Name  United States Bankruptcy Court for the : NORTHERN District of ILLINOIS  (State)   | Debtor 1        |                      |                                  |           |  |
| Case Number(State)  |                 | First Name           | Middle Name                      | Lest Name |  |
|   |                 |                      | ne : <u>NORTHERN</u> District of |           |  |

### Official Form 106 Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| I  | Sign Below  |   |  |  |  |  |
|--|---|---|--|--|--|--|
|  | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |
|  | No  |   |  |  |  |  |
| -  | Yes. Name of Person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |
| -  |   |   |  |  |  |  |
| ***************************************  |   |   |  |  |  |  |
| -  | Under penalty of periury, I declare that I have read the summary                                  | and schedules filed with this declaration and that they are true and                          |  |  |  |  |
|  | Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |
| WANTED THE PROPERTY OF THE PERTY OF THE PERT | Date  | DateMM / DD / YYYY  |  |  |  |  |

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| Debtor 1 | Carolyn    | Denise      | Walker    | Case Number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

| Part 12: Sign Below  |  |  |  |  |  |
|--|--|--|--|--|--|
| I have read the answers on this Statement of Financial Affairs and any answers are true and correct. I understand that making a false statem in connection with a bankruptcy case can result in fines up to \$250,00 to 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 1  Date 1/2018 MM / DD / YYYY | ient, concealing property, or obtaining money or property by fraud                                   |  |  |  |  |
| Did you attach additional pages to Your Statement of Financial Affair  | rs for Individuals Filing for Bankruptcy (Official Form 107)?  |  |  |  |  |
| No   |  |  |  |  |  |
| Yes  |  |  |  |  |  |
| Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?  |  |  |  |  |  |
| No   |  |  |  |  |  |
| Yes. Name of person  | . Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |  |  |  |

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### DISCLAIMER Debtors have read and agree:

- Divorce or family support debts to a spouse, ex-spouse, child, guardian ad litem or similar person or entity in connection with a separation agreement, divorce decree or court order are not dischargable. Priority support debts must be paid in full in your Chapter 13 or it cannot be confirmed. DEBTS YOU AGREED TO ASSUME IN MARITAL SETTLEMENT AGREEMENTS are NON-DISCHARGEABLE if your ex-spouse files an adversary complaint, and the Judge rules that (a) you do not have the ability to pay the debt OR (b) discharging such debt would result in a benefit to you that outweighs the detriment to ex-spouse or your child. You agree to get advice in writing from your divorce attorney and send to us with copy of agreement. You must list any ex-spouse or spouse as a creditor. No guarantee any divorce debt is dischargeable. Property you are still on title to, or have a right to in a divorce, may be taken by a Bankruptcy trustee in a Chapter 7 and sold, or may be disposable income in a 13.
- Student loans and educational benefits are not discharged in Chapter 7 or 13 if government insured loan or owed to non-profit school unless you pay us to file a complaint within the bankruptcy to prove repayment would be an "undue hardship", and win. Interest on student loans continue to run while you are in a Chapter 13.
- Cosigners, joint applicants, debts of persons other than debtor, debts incurred during marriage in community property states, or for family support are not discharged and joint, community or co-signers are not protected from collection unless you pay 100% of the debt. Creditors can collect from co-signors and put your bankruptcy on their credit report, and report them negatively to credit bureaus. You may prevent this by making the regular payments to the creditor. Creditors can liquidate collateral of your co-signer and refuse to continue payment in installments. Property you are joint on with other persons can be LIQUIDATED to pay your creditors.
- TAX DEBTS. Most taxes are not discharged in bankruptcy. However, income tax debt (1040 type tax) can be discharged if the following four rules are met: (1). The tax return was DUE at least 3 YEARS (plus extensions) before the filing of your bankruptcy case. (2). You FILED your income tax return at least 2 YEARS before your bankruptcy was filed. (You did not file a return if the tax authority or IRS had to file one for you, or if you didn't send the return to the District Director) (3). You did not wilfully intend to evade the tax. (4). The tax must have been ASSESSED over 240 DAYS before the bankruptcy filing. We recommend you meet with the IRS or state department of revenue to make sure all the conditions have been met, before you hire us or file a bankruptcy. Fraudulent taxes and taxes on unfiled returns can be discharged in a Chapter 13 case. Time in an offers in compromise, & time in bankruptcy plus 6 months, will extend the above
- time periods. Employers' share of FICA & FUTA is dischargeable, but not trust fund taxes like the employee's funds or sales tax. 5. Fines, traffic tickets, parking tickets, penalties to governmental unit are not discharged in Chapter 7, may not be discharged in 13 without full payment.
- 6. Non filling spouse: If you file individually, your spouse is not our client. Only your debts are discharged. If you want to protect a non-filling spouse, pay their bills or file a joint case with them. Family expenses (medical bills, rent and necessities may be collected from a non-filing spouse). Wisconsin, community property is liable for community debts. 7. DUI PERSONAL INJURIES, DEBTS YOU DON'T LIST are not discharged.
- 8. DEBTS where creditors successfully object to discharge may survive Creditors, the Trustee, or Court, can try to deny discharge based on many factors,
- a. Income sufficient to pay a percentage of your unsecured debt. b. Failure to keep books and records documenting your financial affairs. c. Luxury purchases or cash advances within 60 days of filling or without intent or ability to repay. d. Debts you made by false pretenses, breach of fiduciary duty, wilful and malicious injuries to others e. Benefit overpayments like aid or unemployment if a determination of fraud has been made before or during bankruptcy. f. Failure to appear at meetings, court dates, or co-operate with the Trustee.
- 9. INTEREST ON NON-DISCHARGEABLE DEBTS in a Chapter 13 continues to accrue, and CREDITORS WHO DO NOT FILE CLAIMS in your Chapter 13 plan within 90 days (180 days for governmental units) of the meeting of creditors, do not get paid. Your plan and their claim should provide for interest at contract rate, or you will have to pay the debt outside the Chapter 13 plan. Property taxes must be paid by you directly to avoid sale for delinquent taxes.
- 10. LIQUIDATION OF REAL AND PERSONAL PROPERTY. If you file a Chapter 7, any property that is not listed and claimed exempt on Schedule C pursuant to state or federal law is taken and sold by the trustee to pay creditors. You agree to assume the risk that your property will be taken and sold by the bankruptcy trustee (at or less than what it is worth) if we can't protect it under applicable state law. You get a discharge, but the trustee can take property not listed and exempted on schedules B and C and sell it for whatever price will provide some benefit to creditors.
- 11. CHANGE IN LAWS. Laws & court cases change constantly. We can file your case today if you pay us in full (some attorneys give credit, we don't) pay the filing fee and sign your petition in our main office. ANY DELAY either in hiring us, or after, IS YOUR REPSONSIBILITY. ADVERSE RULINGS Judges that sit in adjoining courtrooms can rule differently on the same facts. We can predict but can't guarantee a judge will or will not rule against you. You accept the risk of a judge ruling against you, as in any lawsuit.
- 12. PAYMENTS TO CREDITORS YOU PREFERRED to pay more than \$600 in front of others, within 1 yr if a relative or insider, or within 90 days if another creditor, so don't pay off debts to keep credit cards or protect others. TRANSFERS OF PROPERTY within 4 years that made you unable to pay your debts at the time can be reversed by a Trustee and the transferee will have to give back the property you transferred.
- 13. SURRENDER OF PROPERTY Bankruptcy gets rid of debts, but real estate, condos and time shares remain in your name until a foreclosure sale or the lender accepts a deed in lieu of foreclosure. Turn condo keys over to condo association or remain liable for assessments after filing, and make sure you keep buildings & land insured and maintained and secured until it is taken back by lender or out of your name. If you let a house go vacant and pipes explode or someone gets killed in there you may be liable.
- 14. RIGHT TO RECEIVE inheritances, tax refunds, injury claims, compensation of any kind, insurance or realty commissions, are property of the bankruptcy estate and you will surrender these to the trustee unless they are claimed exempt on Schedule C, and no objection to your claim of exemption is upheld. Do not deduct extra money from taxes so you are entitled to a refund, change your W-9 if necessary.
- 15. JOINT ACCOUNT HOLDERS holders entire amount in the account could be taken by the trustee under Chapter 7.
- 16. MARRIED COUPLES GOING THROUGH DIVORCE: We have been advised to seek independent counsel for our bankruptcy. We understand that Peter Francis Geraci does not represent us with regard to any divorce matters and does not make any representations regarding what will happen in divorce court. We have decided to file a bankruptcy together dispite the fact that we are getting a divorce and our interests could be adverse. We have agreed to cooperate with each other in this joint bankruptcy.
- 17. AUTO LEASES & INSTALLMENT AGREEMENTS to purchase things, leases and almost all contracts will be void after bankruptcy. They are "executory contracts", and if they are of no benefit to the bankruptcy estate and not assumed within 60 days of filing, they are void. Debtors have been warned of this, and unless there is a novation under state law, or agreement not to use bankrptcy to void the contract, the debtors rights under the contract are extinguished. Debtor agrees to be responsible for obtaining such agreements or losing rights under such contracts. Debtor agrees that his or her attorney will not file motions to assume such contracts.

18. Setoffs if you have money in a credit union or creditor account, or other loans that cross-collateralized, any money or property may be taken for both loans. The Undersigned have read the above & assume the risk that a debt is not discharged in bankruptcy, that our non-exempt property will be taken and sold by the bankruptcy trustee if it can't be protected, that the trustee might object if I/we have excess income, or change in State, Federal or Bankruptcy laws before the case is filed in Court AND WE HAVE TO READ, CHECK, & MAKE SURE OUR PETITION IS ACCURATE!!! is filed in Court AND WE HAVE TO READ, CHECK, &

2/**2018** Dated:/

Carolyn Denise Walker

X Date & Sign

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# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re

Carolyn Denise Walker / Debtor Bankruptcy Docket #:

Judge:

### **VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Carolyn Denise Walker

X Date & Sign

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| Part 4: | Sign | Below |
|---------|------|-------|
|         |      |       |

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Carolyn Denise Walker

Date: / / //2018

If you checked line 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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| Debtor 1 | Carolyn     | Denise                | Walker    | Case Number (if known)                                |
|----------|-------------|-----------------------|-----------|---|
|          | First Name  | Middle Name           | Last Name |   |
| Part 4:  | Sign Below  |                       |           |   |
| ,        | x Va        | when.                 | Malke     | statement and in any attachments is true and correct. |
|          | (           | Carolyn Denise Walker |           |   |
|          | Date: Dated | 2018                  |           |   |

Form B 201A, Notice to Consumer Debtor(s)

In re Carolyn Denise Walker / Debtor

Page 2

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

### <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee. \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filling fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The

Dated: // /2018

Carolyn Denise Walker

X Date & Sign

Dated:<u> / //</u>/2018

Attorney: Adam Emil Suchy

Record # 759502